



FINLEY SCHOOL DISTRICT #53

ALL KIDS ACHIEVING

Employee Voluntary Confidential Donation of Sick Leave

I voluntarily donate (_____) days of accumulated sick leave to

(_____). I do

this in accordance with Board Policy and Procedure 5400 and the appropriate

collective bargaining agreements.

Printed Name

Signature

Date

WAC 392-126
.....

WAIVER OF REQUEST FOR RETURN OF SICK LEAVE

I hereby waive all property rights to the donated sick leave days. I will not ask for their return.

Signature

Date