



# 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  
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### 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