

Washington County School District Leave Donation Release Form

Donating Employee's Name: _____ Empl# E0- _____

Donating Employee's School: _____

Receiving Employee: _____

Receiving Employees School: _____

I authorize the following leave to be transferred from my available balance to the above named receiving employee. Leave must be donated in increments of full days only:

Type of Leave	No Cost Day (free substitute)	Sub Cost Days * (Cost of substitute)	Total Days Donated
Personal			
Vacation		N/A	
Total			

* If you are donating leave that requires payment of the cost of the substitute please check the appropriate box below.

I authorize the payment of the substitute cost to be deducted from my salary.

I defer the responsibility for payment of the substitute cost to be the responsibility of the above named receiving employee.

By signing below I acknowledge and agree to the following:

1. The above donation is made freely and voluntarily. I have not been coerced to make this donation.
2. I understand that by signing this form I am relinquishing my right to the above leave.
3. I understand that "No cost" personal leave or vacation days will be used first.
4. I understand that actual leave usage will be tracked and that I will be informed if my leave is actually used by the receiving employee. Further, I understand that unused leave will be returned.

Signed: _____ Date _____

Witness: _____ Date _____