

**Switzerland of Ohio Local School District
Sick Leave Donation Authorization**

Name: _____

ID Number: _____

I hereby authorize donation of _____ sick days, not to exceed five (5), from my current sick leave balance to _____, an employee of the Switzerland of Ohio Local School District who has exhausted his/her sick leave balance and meets the criteria listed in Board policy GCBDA. I understand these days will be deducted from my sick leave balance once donated and forever forfeited by me.

The Superintendent will determine approval or denial.

Signature of Donating Employee Date

Date/Time Received in Treasurer's Office Received By

SUPERINTENDENT'S AUTHORIZATION TO APPROVE DONATION

Signature of Superintendent Date

Pc: Treasurer's Office
Donating Employee