

FRIENDS HELPING FRIENDS

EMPLOYEE DONOR FORM

PLEASE PRINT

Donor's Last Name _____ Donor's First Name _____

Donor's Campus _____ Donor's Last 4 Digits of SS # _____

Donor's Accumulated Local/State Personal Leave Days _____
(Must have at least a total of 30 local/state personal leave days in order to donate.)

<p>Days are Donated to _____ Recipient's Name</p> <p>_____ Recipient's Campus</p> <p>Number of Days to be Donated _____ <i>(No more than 15 days to an employee per request in a school year (unless the request is an immediate family member as defined by PNGISD policy DEC (local).)</i></p>
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*Donor Signature

Date

Principal Signature

Date

***By signing this form you give permission for the personnel office to verify your accumulated local and state personal leave days.**



DAYS DONATED VERIFIED BY PERSONNEL DEPARTMENT