

**Doniphan R-I School District  
Employee Sick Leave Donation Form**

**Donating Employee Information**

Employee's Full Name (Please Print): \_\_\_\_\_

I, the undersigned employee, understand:

- \* My donation is strictly voluntary.
- \* My sick leave balance will be reduced by the specified number of hours stated below.
- \* This decision is irreversible as of the date this form has been signed by the Superintendent.

**I would like to donate the following hours as follows:**

**Print Employee(s) to Be Donated To:** \_\_\_\_\_

**# of Hours** \_\_\_\_\_



\_\_\_\_\_  
**Employee Donor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Superintendent's Signature**

\_\_\_\_\_  
**Date**

Please return the completed form to the Superintendent's Office.