



**JACKSON  
PUBLIC SCHOOLS**

Transforming lives through  
excellent education

## LEAVE DONATION FORM

Name of Donor:

School/Department:

Donor's Signature:

Donor's Social Security No.:

I am donating \_\_\_\_\_ days of my unused accumulated sick or personal leave to the recipient listed below. I understand that according to Board Policy GADEB, that the maximum amount of unused accumulated personal leave that an employee may donate to any other employee may not exceed a number of days that would leave the donor with fewer than seven (7) days of personal leave remaining and the maximum amount of unused accumulated sick leave that an employee may donate to any other employee may not exceed fifty percent (50%) of the donor's unused accumulated sick leave.

Reviewed and approved by:

Donor Employee's Supervisor

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Name of Recipient:

School/Department:

Recipient's Social Security No.:

I certify that I have exhausted all of my accumulated sick and personal leave.

Recipient's Mailing Address:

Phone No.:

Alternate Phone No.:

Recipient's Signature:

Nature of injury or illness:

### REQUIRED

Please attach the physician certification form that can be found on the JPS Intranet under "Forms and Documents."

Approved

Date

Denied

Date

Payroll confirmed leave balance and applied appropriate leave date.

Payroll Representative

Date