

Washington County School District Leave Donation Release Form

Donating Employee's Name: _____ SS#: _____

Donating Employee's School: _____

Receiving Employee Name: _____

Receiving Employee 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: _____