

MALAKOFF I.S.D.
Sick/Personal Donation Policy

I _____ (*donor name*), _____ (*donor SSN*) agree
to donate one _____ (*State/Local*) day to _____ (*receiver
name*). I understand that I may only be eligible to donate one day within a thirty day period. I
also understand that I will not be able to reclaim this day after being approved by the
Superintendent. I have no due process rights beyond the Superintendent's decision.

Donor Signature Date

Date Superintendent Date

Business Manager Date