COLCORD BOARD OF EDUCATION

DEFA-E1

LEAVE SHARING AGREEMENT

I,	, agree to donate	days of sick leave to
	I understand the	nat this is strictly voluntary
Date	Signature	
Date	Signature	
Notary	My Commission Expires:	
[,	, have exhausted	all earned sick leave due t
	from	
Date	Signature	
	My Commission Expires:	
Notary		