

SANTA ROSA CONSOLIDATED SCHOOLS

**G-3132 GCCG-EB PROFESSIONAL STAFF VOLUNTARY
TRANSFER OF ACCRUED LEAVE – Donation/Disclosure Form
ISSUE DATE: 09/21/2022**

SUPERINTENDENT MARTIN MADRID

REVISED DATE: 09/21/2022

ANNUAL/SICK LEAVE DONATION DISCLOSURE

I, _____, approve the donation of _____ hours of
(Print Name)
annual/sick leave to _____ for use as sick leave for the eligible
(Print Name)
employee.

I understand that any leave remaining at the end of the emergency shall be returned to donors on a prorated basis.

Employee Signature

Date

This donation of leave as listed is: APPROVED DISAPPROVED

Superintendent Signature

Date