

PATRICK COUNTY PUBLIC SCHOOLS  
Request for Transfer of Sick Leave days

I, \_\_\_\_\_, as an employee of the Patrick County Public Schools County Public Schools wish to donate \_\_\_\_\_ days of my accumulated sick leave days to \_\_\_\_\_.

I understand that these days will be deducted from my record and will be credited to my designated recipient's sick leave record. I also understand that the recipient employee will retain the donated days even if they are not used.

\_\_\_\_\_  
Donor's Name (PRINT)

\_\_\_\_\_  
Recipient's Name (PRINT)

\_\_\_\_\_  
Donor's Position

\_\_\_\_\_  
Recipient's Position

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor's Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/Designee's Signature

\_\_\_\_\_  
Date