

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