

VISTA UNIFIED SCHOOL DISTRICT

Sick Leave Donation Form

_____ Classified

_____ Certificated

DATE: _____

TO: **Classified or Certificated Human Relations**

_____ CLASSIFIED I wish to donate _____ hours of my sick

leave to _____
(Print Recipient's Name)

_____ CERTIFICATED I wish to donate _____ days of my sick

leave to _____
(Print Recipient's Name)

Your Signature

Print Your Name

Employee I.D. Number

Site/Location

Signature (Director, Classified Human Resources)

Signature (Asst. Supt/Human Relations)