

LEAVE SHARING AGREEMENT

I, _____, agree to donate _____ days of sick leave to _____
_____. I understand that this is strictly voluntary.

Date

Signature

Notary

My Commission Expires: _____

I, _____, have exhausted all earned sick leave due to
illness and hereby accept _____ days from _____.

Date

Signature

Notary

My Commission Expires: _____