

PACIFIC GROVE UNIFIED SCHOOL
HUMAN RESOURCES OFFICE
646-6507

REQUEST AND AUTHORIZATION TO DONATE VACATION LEAVE

I, _____, authorize the Pacific Grove Unified School District to deduct from my current year's allotment of sick days the amount listed below to be added to the sick leave for _____ under the Side Letter Agreement entered into between the Pacific Grove Unified School District and Pacific Grove Teachers Association effective March 17, 2005 to June 30, 2005. I understand that I may not request and authorize donation of a number of days that reduces my balance of *accumulated* sick days to less than 10 days.

I further understand that this authorization of part of my current year allotment of sick leave to the designated District employee is final, unconditional and irrevocable and that such sick leave donation will result in a reduction of the computation of the annual incentive payment otherwise to be paid to me for the 2004-2005 school year.

I further understand that if this donation is not used it will revert back to me and be credited toward my current year sick leave with retroactive adjustment under the Attendance Incentive Plan.

_____ Number of current sick leave days available this year

_____ Number of current sick leave days to be donated

_____ Number of current sick leave days remains after the donation.

Signature of Donor

Date

PLEASE RETURN THIS FORM TO THE HUMAN RESOURCE OFFICE.

The request to donate sick leave is () approved () denied

Signature of Superintendent or Designee

Date