

**AUTHORIZATION FORM FOR TRANSFER OF LEAVE
(LEAVE SHARING)**

I, _____ hereby authorize
(Your Name)

the Oak Harbor School District to

Transfer ____ hour(s) of my sick leave

Transfer ____ hour(s) of my vacation leave

to the sick leave account of

_____.

I have read and fully understand the provisions on this form.

Signature _____ Date _____

**To donate leave, print, sign and date this page. Indicate the number of sick leave or vacation hours and the person to receive the leave. Return it to Auvie Astorga, Payroll Office (ext. 5017) ASAP.
Thank you.**