

# FRIENDS HELPING FRIENDS

## EMPLOYEE DONOR FORM

### PLEASE PRINT

Donor's Last Name \_\_\_\_\_ Donor's First Name \_\_\_\_\_

Donor's Campus \_\_\_\_\_ Donor's Last 4 Digits of SS # \_\_\_\_\_

Donor's Accumulated Local/State Personal Leave Days \_\_\_\_\_  
***(Must have at least a total of 30 local/state personal leave days in order to donate.)***

<p>Days are Donated to _____ Recipient's Name</p> <p>_____</p> <p>Recipient's Campus</p> <p>Number of Days to be Donated _____ <b><i>(No more than 15 days to an employee per request in a school year (unless the request is an immediate family member as defined by PNGISD policy DEC (local).)</i></b></p>
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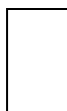
\_\_\_\_\_  
**\*Donor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

AGREEMENT: By typing my name above, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

\_\_\_\_\_  
**Principal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**\*By signing this form you give permission for the personnel office to verify your accumulated local and state personal leave days.**



**DAYS DONATED VERIFIED BY PERSONNEL DEPARTMENT**