

PAID LEAVE TRANSFER
SOUTHEASTERN CALIFORNIA CONFERENCE
OFFICE OF EDUCATION

I, _____, authorize the donation of _____ day/s
of my Paid Leave Time to the Paid Leave Bank of _____.

Signed: _____ Date: _____

You may donate the percentage of two (2) Paid Leave days per year when another employee
has exhausted his/her Paid Leave.
An employee may receive not more than twenty (20) days of donated Paid Leave per year.

[ATTACH FORM TO BOTH EMPLOYEES' ATTENDANCE RECORDS]