

**Leave Transfer Request (GCBC-AF – Amendment)**

**I request to transfer \_\_\_\_ days to the person designated below. I certify that this is a donation entirely of my own free will and that there have been no attempts to coerce me into donating this leave.**

**Name of Recipient** \_\_\_\_\_

**Name of Donor** \_\_\_\_\_

**Signature of Donor** \_\_\_\_\_

**Date for Transfer of Leave** \_\_\_\_\_

**Number of days left for the donor after contrition is made** \_\_\_\_\_

\* \* \* \* \*

*Note: The reader is encouraged to review policies and/or forms for related information in this administrative area.*

Implemented: 05-12-2011

Revised:

Tri-County RVII School District; Jamesport MO