

**MADISON COUNTY PUBLIC SCHOOLS
SPECIAL BEREAVEMENT LEAVE SITUATIONS**

Employee (print full name): _____

The following named person(s) are designated as *in loco parentis* as provided for by in the Bereavement Leave policy (G CBD-R/G DBD-R). Please print the name of each person and describe the *in loco parentis* relationship.

Example: Jane Doe Aunt who raised me
 Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Employee Signature Date

THIS FORM TO BE RETAINED IN EMPLOYEE'S PERSONNEL FILE

MADISON COUNTY PUBLIC SCHOOLS LEAVE DONATION FORM

Name: _____
(please print)

School or Department: _____

I authorize the transfer of my sick leave in the amount of _____ days to the sick leave account of:

Name: _____
(please print)

School or Department: _____

In compliance with the Transfer of Sick Leave policy, I understand that I relinquish all rights to the sick leave transferred and that I cannot recover this sick leave at a later date.

Donating Employee's Signature Date

- Approved
- Not Approved

Superintendent's Signature

Date