

SPRINGTOWN INDEPENDENT SCHOOL DISTRICT

101 East Second Street
Springtown, Texas 76082
(817) 220-7243
Fax (817) 523-5766
Lomic L. Seipp
Superintendent

**STATE PERSONAL LEAVE
DONATING/RECEIVING**

STATE OF TEXAS

PARKER COUNTY

THIS IS TO CERTIFY: I, _____, DO HEREBY
(PRINT NAME)
**AUTHORIZE THE SPRINGTOWN I.S.D. TO CHARGE MY STATE PERSONAL
LEAVE ACCOUNT* _____ DAYS.**
(1, 2, OR 3)
PLEASE CREDIT THESE DAYS TO THE APPROVED SICK LEAVE POOL

FOR: _____
(PRINT RECIPIENT EMPLOYEE)

DONOR SIGNATURE

DATE

*State Legacy Days (leave earned before 1995) are ineligible for Pools

Send completed form to Monica Landreth, Payroll and Leave Coordinator