

AZLE ISD SICK LEAVE BANK DONATION OF DAYS  
UPON RESIGNATION

I, \_\_\_\_\_ hereby donate \_\_\_\_\_ local days to the  
(Employee's Name) (1-5 Days)

Azle ISD Sick Leave Bank upon my termination/resignation from Azle ISD. My last day of employment is \_\_\_\_\_.

**The maximum days that an employee can donate upon resignation is 5 days.**

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed and signed form to Monica Landreth in the Payroll Office.

[mlandreth@azleisd.net](mailto:mlandreth@azleisd.net)