

**FAMILY LEAVE ASSISTANCE PROGRAM
EMPLOYEE DONATION FORM**

Date _____

Donor's Name _____

Home Address _____

SCHOOL ROUTING: (PLEASE INITIAL AND DATE)

Association President _____

Administration Office _____

I wish to contribute a donation of (specify 1 or 2) _____ day(s) to assist _____, an employee in need. This donation is to be deducted from my leave as follows:

Annual Leave (Specify number of days) _____

Sick Leave (Specify number of days) _____

Signature of Donor

Date

SUBMIT THIS FORM TO THE JMEA RESIDENT UPON RETURN FROM LEAVE

Recommendation of Association

Date	Total Days
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