

**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
------	------------