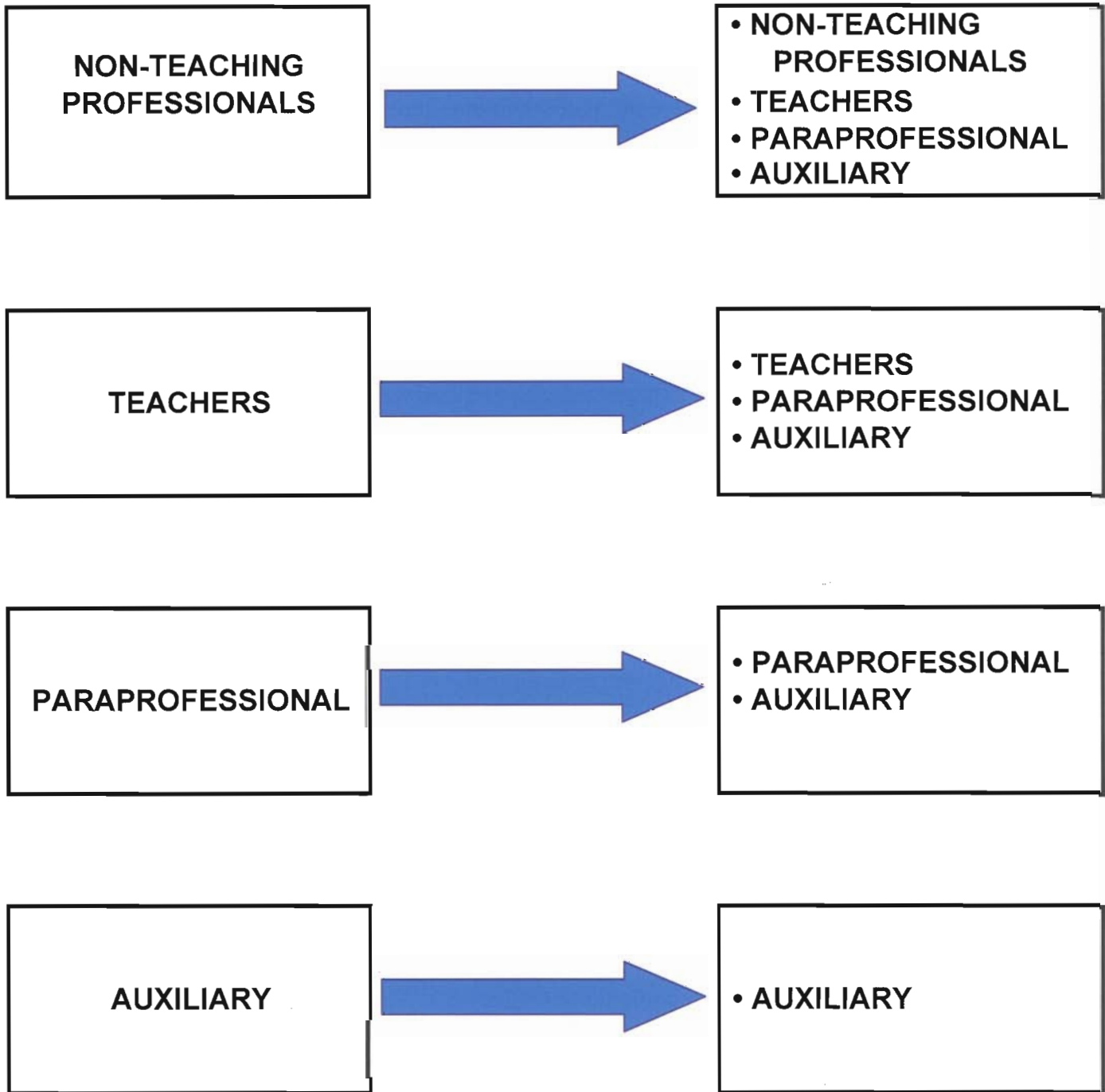


**LA JOYA INDEPENDENT SCHOOL DISTRICT
SICK LEAVE POOL
2008 - 2009**



**LA JOYA I.S.D.
TRANSFER FORM
SICK LEAVE POOL**

FROM:

Employee Number _____
 Name _____
 Address _____
 City _____
 State _____
 Zip _____
 Campus/Department _____
 Days Available _____ Confirmed by: _____
 Days Donating _____

TO:

Employee Number _____
 Name _____
 Address _____
 City _____
 State _____
 Zip _____
 Campus/Department _____
 Days Available _____ Confirmed by _____

By signing below I agree to donate the number of days stated above to _____.

 Print Name

 Signature

 Date

THIS SECTION FOR ADMINISTRATION USE ONLY

Date: _____	Superintendent's Signature or Designee: _____
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Approved Not Approved

Comments: _____