



COMPTON UNIFIED SCHOOL DISTRICT
Human Resources Department
501 South Santa Fe Avenue
Compton, CA 90221

Memorandum

TO: Baptiste, Regina, Director – Payroll/Benefits
FROM: (Name of Donor)
DATE: (DATE)
SUBJECT: SICK LEAVE DONATIONS

I would like to donate sick leave days to:

Last Name, First Name

Title/Assignment

Work Location

I, _____, want to donate _____ sick leave days
Print Name Number of sick days

Signature

Date

(PLEASE RETURN FORM TO HUMAN RESOURCES)

Approved: _____ Date: _____
Ajala, Abimbola
Associate Superintendent, Human Resources