

CLARK COUNTY ASSOCIATION  
OF SCHOOL ADMINISTRATORS

4055 SOUTH SPENCER ST., SUITE 230  
LAS VEGAS, NV 89119  
(702) 796-9602  
FAX (702) 796-9624

May/June, 2002

Mr. Allin Chandler, Executive Director  
Clark County Association of School Administrators  
4055 S. Spencer St., #230  
Las Vegas, NV 89119

Dear Allin:

Please accept this letter (due July 1, 2002) as my request to donate (circle one) a **half day** or a **full day** of vacation to the CCASA Sick Leave Pool. I understand that I am authorizing that this half day or full day of vacation be subtracted from the days that I would otherwise be compensated for under Article 18-4 of the Agreement between the Clark County School District and the Clark County Association of School Administrators.

Your assistance is appreciated.

Respectfully,

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Signature

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Please Print

(Due in CCASA Office by July 1, 2002)