

CLARK COUNTY ASSOCIATION  
OF SCHOOL ADMINISTRATORS AND  
PROFESSIONAL-TECHNICAL EMPLOYEES

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

May/June, 2004

Mr. Stephen Augspurger, Executive Director  
Clark County Association of School Administrators  
and Professional-technical Employees  
4055 S. Spencer St., #230  
Las Vegas, NV 89119

Dear Stephen:

Please accept this letter (due July 1, 2004) as my request to donate a **half day** or a **full day** of vacation to the CCASAPE 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 and Professional-technical Employees.

I would like to donate (please check):

- HALF DAY  
 FULL DAY

Respectfully,

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Signature

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Please Print

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Social Security Number

(Due in CCASAPE Office by July 1, 2004)