

**SICK LEAVE DONATION**

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, 2007

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, 2007) as my request to donate a **full day** of **SICK LEAVE** to the CCASAPE Sick Leave Pool. I understand that I am eligible to donate a day of sick leave because I have accumulated 60 or more days and have utilized three (3) or fewer days during the current contract year.

I would like to donate (please check):

**FULL DAY OF SICK LEAVE**

Respectfully,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Social Security Number

(Due in CCASAPE Office by July 1, 2007)