

VACATION 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, 2006

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, 2006) 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 OF VACATION**
 FULL DAY OF VACATION

Respectfully,

Signature

Please Print

Social Security Number

(Due in CCASAPE Office by July 1, 2006)