

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, 2003

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

Dear Stephen:

Please accept this letter (due July 1, 2003) 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,

Signature

Please Print

Social Security Number

(Due in CCASA Office by July 1, 2003)