

I hereby transfer _____ days from my C.A.R. to the recipient listed below. I understand that my C.A.R. will be reduced by the above number of days, with the recipient receiving one day for every two days I donate.

Prior to this transfer my C.A.R. did not exceed 180 days and after this transfer at least 50 days will remain in my C.A.R.

DONOR INFORMATION

Name _____ Position _____

File # _____ Social Security # _____

School _____

Donor's Signature _____ Date _____

Donor's Payroll Secretary Certification:

I have subtracted _____ days from the donor's C.A.R. per the above. Prior balance _____
Present balance _____

Donor's Payroll Secretary Signature _____ Date _____

SUPERINTENDENT'S APPROVAL:

Superintendent's Signature _____ Date _____

RECIPIENT INFORMATION

Name _____ Position _____

File # _____ Social Security # _____

School _____

Recipient's Payroll Secretary Certification:

Prior to this transfer the recipient had exhausted hi/her C.A.R. and borrowed 20 days. I have added _____ days to the recipient's C.A.R. per the above.

Recipient's Payroll Secretary Signature _____ Date _____

Principal's Certification: The above transfer has been completed.

Principal's Signature _____ Date _____

SUPERINTENDENT'S APPROVAL:

Superintendent's Signature _____ Date _____

1. A copy of this authorization is to be attached to the donor's file and the donor is to receive a copy of the completely executed authorization, including the recipient payroll secretary's certification.
2. A copy of this authorization is to be attached to the recipient's file.