

C.A.R. DONOR FORM

I, hereby transfer _____ days from my C.A.R. to the recipient listed below. I understand the 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 Signature _____ Date _____

Donor Payroll Secretary Certification: I have subtracted _____ days from the donor's C.A.R. per the above. Prior balance: _____ Present balance: _____

Donor Payroll Secretary Signature _____ Date _____

Principal Certification: The above donor has sufficient days in his/her C.A.R. to be eligible to make the requested transfer of days.

School Principal's Signature _____ Date _____

SUPERINTENDENT'S APPROVAL:

Superintendent's (or designee) Signature _____ Date _____

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RECIPIENT INFORMATION

Name _____ Position _____ File # _____

Social Security # _____ School _____

Recipient Payroll Secretary Certification: Prior to this transfer the recipient had exhausted his/her C.A.R. I have added _____ days to the recipient's C.A.R. per the above.

Recipient's Payroll Secretary Signature: _____ Date _____

Principal Certification: The above transfer has been completed.

School Principal's Signature: _____ Date _____

SUPERINTENDENT'S APPROVAL:

Superintendent's (or designee) Signature _____ Date _____

A copy of COMPLETED AUTHORIZATION must be provided to the donor.