



**DONATION OF DAYS REQUEST**

Employee: \_\_\_\_\_  
 (Name of Employee--Please Print)

\_\_\_\_\_ (Position) \_\_\_\_\_ (Location)

I have read and understand the criteria as defined in the Donation of Days Program. Specifically, I certify that:

1. I have exhausted or will exhaust all applicable vacation and/or sick leave and all other forms of paid leave and have abided by the BEA-BPS Master Agreement regarding the use of sick days;
2. I am unable to fulfill my work duties due to an extended personal injury and/or illness for a period of (30) thirty work days in a ninety day period;

**Medical Information**

\_\_\_\_\_ I have previously submitted medical documentation supporting my request for sick for leave

\_\_\_\_\_ I have not submitted medical documentation supporting my request for sick leave. See Attached.

# of days requested: \_\_\_\_\_

Anticipated period employee will be unable to return to work: \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**HR USE ONLY:**

Approved Leave  Yes  
 NO

Date (s) \_\_\_\_\_

Request Approved

Request Denied

# Of Approved Days \_\_\_\_\_

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**DONATION OF DAYS PARTICIPANT**

Employee: \_\_\_\_\_  
(Name of Employee--Please Print)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Location)

I am requesting to transfer \_\_1\_\_ days of my annual sick leave in the \_\_\_\_\_ - \_\_\_\_\_ school year to  
\_\_\_\_\_ for his/her use.  
(Name of Beneficiary)

- I understand the days donated will be reduced from my accumulated bank.
- I understand that a teacher may only donate one (1) sick day per year to one another BEA employee.
- I understand the donation is voluntary and has been made at the request of the employee and not the school district or the association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*HR USE ONLY:*

Request Granted

Request Denied

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_