



**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

**HR USE ONLY:**

Request Granted

Request Denied

Comments:

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