

**REQUEST TO DONATE SICK LEAVE**

I (Donor) \_\_\_\_\_, a certificated employee of Biggs Unified School District, request \_\_\_\_\_ hours of my sick leave be credited to the sick leave account of \_\_\_\_\_, per the Agreement between BUTA and the District.

I have \_\_\_\_\_ hours of accumulated sick leave in my account and I realize it will be reduced by the number of hours I've specified above.

\_\_\_\_\_  
Signature (Donor)

\_\_\_\_\_  
Date

Account credited \_\_\_\_\_