

Appendix "A"

Request to Donate Sick Leave

I (donor) _____, a classified employee of Biggs Unified School District, request _____ hours of my sick leave be credited to the sick leave account of _____, per the Agreement between CSEA and the District.

I have _____ hours of accumulated in my Sick Leave account and I realize it will be reduced by the number of hours I've specified above.

Signature (Donor)

Date

Account credited _____

- Qualifying to be a Sick Leave Recipient – Recipient must have used all of his/her own sick leave, vacation and comp. time before being eligible to receive donated Sick Leave.
- Qualifying to be a Sick Leave Donor – In order to donate Sick Leave, one must retain a minimum of forty (40) hours in his/her own account.

Cc: business file