

REQUEST TO DONATE SICK LEAVE

I (Donor) _____, Employee ID# _____

a certificated employee of Biggs Unified School District, request _____ hours of my sick leave be credited to the sick leave account of

_____, Employee ID# _____ 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 _____