

**CERTIFIED SICK LEAVE DONATION FORM  
BELGRADE SCHOOL DISTRICT**

I, \_\_\_\_\_ at \_\_\_\_\_,  
(school)

am donating \_\_\_\_\_ day(s) of sick leave to \_\_\_\_\_,

at \_\_\_\_\_.  
(school)

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date

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At the District's discretion, donation of sick leave days may be approved even if the teacher receiving the donated sick leave days has not depleted available leave days – see Section 9.3, Subd. (b) of the BEA Master Agreement. In order to consider the request, the teachers donating the sick leave days needs to acknowledge they are aware that the teacher receiving the donated sick leave days has not depleted his/her accrued leave days.

\_\_\_\_\_  
Signature of Donor Verifying the Above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Supt. or Board Chair\*

\_\_\_\_\_  
Date

\*If required.

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Payroll Office Use:

Date(s) Applied

No. of Days Used

Posted to P/R

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____