

Date:

TO: ALL CLASSIFIED STAFF

FROM: JAY BATES, DISTRICT CLERK/BUSINESS MANAGER

Per the classified handbook, a classified employee is eligible to receive up to 30 days of donated leave.

Explanation of Need:

If you are a Classified Employee who is interested in donating sick leave, please complete this form and return it to the Payroll Office by _____.

BELGRADE SCHOOL DISTRICT SICK LEAVE DONATION FORM

Name of employee donating _____

Number of hours being donated _____

I hereby approve the School District to reduce my accumulative sick leave hours by the amount indicated above. I also agree to hold the School District harmless from any unknown future reduction in benefits, monetary or otherwise, that result from the implementation of this donation from my sick leave hours.

Signature: _____ Date: _____

PAYROLL USE ONLY:

Date:

Number of hours used:

Posted on: