

ATTACHMENT F - SICK LEAVE BANK FORM

SICK LEAVE BANK FORM

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ days of my accumulated  
(Your Name) (Number)

sick leave to be transferred to \_\_\_\_\_.  
(Receiver's Name)

I realize that I may not donate more than four (4) such days during any school year. (July 1 - June 30)

\_\_\_\_\_

Date

Signature

Ref: Article 14