SICK LEAVE BANK DONATION 2018-2019
BELTON INDEPENDENT SCHOOL DISTRICT

TO: EMPLOYEE BENEFITS

FROM: _____ _____
Donor's Name Social Security #

_____
Campus/Department

RE: **DONATION OF LOCAL PERSONAL LEAVE DAYS**

____ I request to donate _2_ personal leave days from my local personal leave to join the Sick Leave Bank.

____ I request to donate an additional ____ days to the bank from my state personal leave.

____ I request to donate an additional ____ days to the bank from my local personal leave.

In signing this request I understand that donated days cannot be reclaimed.

_____ _____
Signature of Donor Date

_____
Pay Period Processed