

APPENDIX "C"

REQUEST TO DONATE SICK LEAVE

I (Donor) _____, Employee ID# _____

a classified 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 CSEA 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 _____

- Qualifying to be a Sick Leave Recipient - Recipient must have used all of his/her own sick leave, vacation, and compensation time before being eligible to receive donated Sick Leave.
- Qualifying to be a Sick Leave Donor - In order to donate Sick Leave, one must retain a minimum of five work days in his/her own account.