

**Billings Education Association/Billings Public Schools  
Sick Leave Donation Form**

Name \_\_\_\_\_

Employee ID# \_\_\_\_\_

School \_\_\_\_\_

I hereby authorize the Billings Public Schools, in the event the days are needed, to transfer \_\_\_\_\_ day(s) of my accumulated sick leave to:

**Recipient** \_\_\_\_\_

By this transfer, I relinquish all claim to said day(s) and to any compensation that may be related to said days(s).

**I understand that on an annual basis I may donate up to four (4) days of sick leave to another teacher who is in need. Days may be donated in 1/2 day increments.**

I fully understand this donation could potentially affect my severance compensation, and ultimately my retirement benefit. There is also no agreement, expressed or implied, that would allow recovery of this day for my personal use at some future date.

I agree to hold the Billings Public Schools and the Billings Education Association and their respective agents harmless from any claim that may result from this transfer.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to the BEA Office.**

BEA Office Use
Date Received _____
Sent to Payroll _____