

**BILLINGS PUBLIC SCHOOLS
AND
BILLINGS CLASSIFIED EMPLOYEES ASSOCIATION (BCEA)**
Sick Leave Donations

Name

Employee ID#

Job Classification

School/Location

I hereby authorize Billings Public Schools to transfer _____ **hours** of my accumulated sick leave to _____ (employee's name). By this transfer, I relinquish all claim to said hours and to any compensation that may be related to said hours.

I understand that by this action, there is no agreement, expressed or implied, that would allow recovery of these **hours** for my personal use at some future date.

I agree to hold the Billings Public Schools and the Billings Classified Employees Association (BCEA) and their respective agents harmless from any claim that may result from this transfer.

Signature

Date

.....
For Payroll Use Only:

Employee ID#

Transferred on _____ payroll.

Payroll date