

BATH LOCAL SCHOOLS

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**BATH LOCAL SCHOOLS
SICK LEAVE BANK
SOLICITATION FORM**

Ohio Association of Public School Employees Agreement (OAPSE)

Article VIII Section I

I wish to donate Sick Leave to the Sick Leave Bank in accordance with the current OAPSE Agreement per Article VIII Section I. and J.

Employee Name: _____

I would like to donate:

_____ Days of Sick Leave (Max of 2 Days to one individual/application)

Please Donate to: _____

(Days will be charged to donor based on the hours worked daily of the recipient of such hours)

I agree these days will be deducted from my own sick leave balance.

Employee Signature: _____

Date: _____

Send completed form to Superintendent for approval

Superintendent Approval _____

Date: _____ Time: _____

For use by Treasurer's Office

Date of Transfer: _____ Hours Transferred: _____

Signature

Date