



**BATH LOCAL SCHOOLS
Sick Leave Bank
Solicitation Form**

Bath Education Association Negotiated Agreement (BEA)
Article 23.11

I wish to donate Sick Leave (S.L.) to the Sick Leave Bank in
accordance with the current Bath Education Association Negotiated
Agreement per Article 23.21, 23.212 & 23.213

.....
Employee Name (donor) _____

I would like to donate **(full day only)**:

_____ Days of S.L. (Max of 5 days to one individual/year)

Please donate to _____

.....
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 _____