

BEA Sick Leave Bank Donation Form

Today's Date _____

Teacher's Name _____

Teacher's School _____

I would like to donate _____ days to Bexley's Sick Leave Bank
(up to 3 days)

I understand that these days will not be returned to me but will remain in the Sick Leave Bank until they are donated to a teacher in need of sick leave days.

Signature: _____

Signed Copy due to Erin Clary by **Monday, September 18, 2017**