

BVEA Donation of Sick Leave Form

Certificated employees who have completed a balance of **thirty (30) or more days** may donate sick leave to another member of the certificated bargaining unit who qualifies for leave due to an unforeseen event affecting the employee's health or another member of their immediate family. The affected employee must accept the donated leave and also be in danger of exhausting all fully paid leaves of absence due to this condition. (Article XIII, Leaves, section 5)

Certificated employees who choose to donate sick leave may donate from his/her accrued sick leave. One certificated employee shall donate **no more than three (3) days maximum** sick leave per year. In no event may an employee request a transfer that would result in his/her accumulated sick leave to drop **below 27 days**.

Please print in all areas of the form besides the signature line.

Name of donor: _____

Name of donated sick leave recipient: _____

Number of days to be donated: _____

By signing below, I acknowledge that I have accumulated a balance of 30 or more sick days / 210 hours of sick leave. (Divide sick leave hours on pay stub by 7)

I understand that donating days may affect a component of my retirement calculation.

I have read and understand Article XIII – Leaves, Section 5 of the Contract between BVEA and BVUSD.

Signature _____

Date _____

You will be notified, in writing, of the number of sick days that have been transferred.

12/1/22

NJG-- BVEA