

**Wattsburg Area School District  
 Sick Days Donation Form – Part I of II**

Article 7, Section 3 of the collective bargaining agreement between the District and the Wattsburg Education Association provides for the donation of sick days according to the following language:

3. **Donated Sick Leave:** *The District and Association agree to permit employees to voluntarily donate sick days to employees who have exhausted their sick, personal and any other paid days off and have a need for more days for themselves or immediate family. This includes donating days to assist people to remain in a pay status until they resign/retire. Employees may use a maximum of ten (10) such donated days during their career with the District*

I, \_\_\_\_\_, (Recipient) **am requesting** one (1) sick day  
 from my fellow employee, \_\_\_\_\_, (Donor).

**I am aware that I am only permitted to request sick days to be donated to me after I have exhausted all of my sick, personal, and any other paid days off and have a need for more time off for myself or an immediate family member. I can accept a maximum of ten (10) such donated days during my entire career with the District.**

<b>Employee Signature – Donor</b>	<b>Printed Name - Donor</b>
<b>Payroll Number – Donor</b>	<b>Date</b>
<b>Employee Signature – Recipient</b>	<b>Printed Name – Recipient</b>
<b>Payroll Number – Recipient</b>	<b>Date</b>
<b>WEA President Signature</b>	<b>Date</b>

**BLACK OR BLUE INK ONLY**

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*An employee may not use more than ten (10) donated sick days over the course of his or her employment. Any donations of sick time to an employee in excess of the ten (10) day maximum will be disregarded. Sick day donations will be accepted in the order they are received.*

I, \_\_\_\_\_, (Donor) **wish to donate** one (1) sick day to my fellow employee, \_\_\_\_\_, (Recipient).

**I am aware that the one (1) day will be deducted from my accumulated sick time and be given to the employee listed above (Recipient). I understand that this sick day will not be returned to me under any circumstances.**

\_\_\_\_\_  
**Employee Signature – Donor**

\_\_\_\_\_  
**Printed Name - Donor**

\_\_\_\_\_  
**Payroll Number – Donor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Signature – Recipient**

\_\_\_\_\_  
**Printed Name – Recipient**

\_\_\_\_\_  
**Payroll Number – Recipient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**WEA President Signature**

\_\_\_\_\_  
**Date**

**BLACK OR BLUE INK ONLY**