



**WATTSBURG AREA SCHOOL DISTRICT  
 SICK DAY DONATION FORM**

Per the collective bargaining agreement between WASD and the Wattsburg Education Association, Employees are permitted to voluntarily donate sick days to employees who have exhausted all sick, personal, and any other paid days off and have a need for more days for themselves or immediate family. Employees may use a maximum of ten (10) donated sick days during their career with Wattsburg Area School District. Sick day donations will be accepted in the order they are received.

I, \_\_\_\_\_ (Donor), with to donate one (1) sick day to my fellow  
 employee, \_\_\_\_\_ (Recipient), for the following date of  
 absence: \_\_\_\_\_.

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

\_\_\_\_\_  
 Donor Signature

\_\_\_\_\_  
 Donor Printed Name

\_\_\_\_\_  
 Donor Employee Number

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Recipient Signature

\_\_\_\_\_  
 Recipient Printed Name

\_\_\_\_\_  
 Recipient Employee Number

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

For Payroll Use Only  
 Information entered into Absence Records:

: \_\_\_\_\_  
 Payroll Supervisor Signature