

# ***BAY CITY INDEPENDENT SCHOOL DISTRICT***

## ***SICK LEAVE POOL DONATION FORM***

**PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO KAYLA COBB AT THE BAY CITY ISD ADMINISTRATION OFFICE.**

I, \_\_\_\_\_, authorize Bay City ISD to transfer  
Name (please print) Campus

one two three of my accumulated local sick or state personal leave days to:  
(Please circle one) (Please circle one)

\_\_\_\_\_  
Name of recipient\* Campus

I understand that the day/days donated will no longer be counted as part of my accumulated total and may or may not be returned, depending upon the use of those days by the recipient\*.

Each Sick Leave Pool can have a maximum of 50 days donated to it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*In order to facilitate bookkeeping, the following procedures will be used when subtracting donated days:**

- 1. One day will be subtracted from each donor in the order that the donation forms are received.**
- 2. When one day has been subtracted from each donor, the cycle will be repeated until all donated days are used.**
- 3. In the event that all donated days are not needed, days will be returned only to donors who have remaining "unsubtracted" days.**