

# Hilliard City School District

## Sick Leave Donation Authorization Form

Employee Name: \_\_\_\_\_

School Building: \_\_\_\_\_

In accordance with Article XXVIII, Section A.1. of the Master Agreement between the Hilliard Education Association and the Hilliard Board of Education. I hereby agree to transfer \_\_\_\_\_ day(s) of my accumulated sick leave to \_\_\_\_\_. This shall serve as my official notification and authorization to the Treasurer of the Board to make such transfer.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sick Leave Chairperson Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### For Office Use Only

Previous Balance: \_\_\_\_\_

Number of Days Received: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Date: \_\_\_\_\_