



# Beardstown Community Unit Schools

500 East 15th Street - Board Office p. 217-323-3099  
Beardstown, IL 62618 f. 217-323-5190

*Provide a challenging and responsive educational environment in a changing community that creates caring, socially responsible, and exemplary students.*

## APPENDIX D

### BEARDSTOWN EDUCATION ASSOCIATION/IEA/NEA

#### SICK LEAVE DONATION

I, \_\_\_\_\_ (donor), an employee of Beardstown Community Unit School District #15 do this date donate up to \_\_\_\_\_ sick leave day(s) (limit of five full days for full-time employees and two and one-half full day equivalents for half-time employees) to \_\_\_\_\_ (recipient), an employee of Beardstown Community Unit School District #15. Sick leave days are to be donated in full day equivalent increments only to full-time employees and half day increments only to half-time employees. If the sick leave day(s) is/are not used before the end of the above-named recipients contract year this school year, or not needed because of more than 20 days donated, I understand the sick leave day(s) will be returned all or in part and my record credited. Recipients are limited to 20 teaching/work days per contract year.

I understand the determination of which donors' sick leave days will be transferred will be based on when the completed donation form is received in the office of the Board of Education as a record in a log kept therein. Donations logged first will be transferred first, one day from each person donating, two days from each person contributing, etc., until the days requested are granted to the recipient.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donating Employee Signature

**Office Use** Log Date \_\_\_\_\_

Sequence Number \_\_\_\_\_