



ASHTABULA AREA CITY SCHOOLS

6610 Sanborn Road • Ashtabula, Ohio 44004 • Phone: (440) 992-1200 • www.aacs.net

DONATION OF SICK LEAVE

Pursuant to the AACCS Classified Union agreement, Article 16, Leave of Absences, #11. Sick Leave Bank, Item E. Miscellaneous, iii. A member of the Sick Leave Bank may request additional days from other bargaining unit member(s) in increments of not less than five (5) days, the total of which shall not exceed thirty five (35) days, for the use in the event of catastrophic illness or injury. The donation shall occur directly between bargaining unit members, both of who are obligated to notify the Treasurer prior to the transfer of days. The donating member(s) is not required to be a member of the sick leave bank. The bargaining unit member requesting the transfer of days shall submit the request in writing to the Treasurer using a form provided by the Treasurer.

DATE: _____

NAME OF PERSON REQUESTING
THE DONATION: _____

OF HOURS TO DONATE: _____

NAME OF PERSON RECEIVING THE DONATION OF SICK DAYS:

SIGNATURE OF DONOR

DATE

(Treasurer's office use only)

Date of Leave Transfer in Payroll System _____

Signature/Date