**230 6th Street**

**PO Box 490**

**Alexandria SD 57311**

**Telephone: (605) 239-4387**

**Fax: (605) 239-4293**

**\****NCA Accredited Since 1941\**

HANSON SCHOOL DISTRICT 30-1

SICK LEAVE BANK DONATION

# TO BE FILLED OUT BY STAFF MEMBER AND GIVEN TO AN HEA REPRESENTATIVE

STAFF MEMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of days to be donated ……………………. \_\_\_\_\_\_\_\_\_\_

TO BE FILLED OUT BY BUSINESS MANAGER:

Total number of accumulated leave days ……………….. \_\_\_\_\_\_\_\_\_\_

(As it appears on July paycheck)

Total number of days to be donated ……………………… \_\_\_\_\_\_\_\_\_\_

Total number of accumulated days remaining …………… \_\_\_\_\_\_\_\_\_\_

(As it will appear on September paycheck)

COMPLETED \_\_\_\_\_\_ BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_\_

Business Manager