

PHILLIPSBURG BOARD OF EDUCATION

SICK LEAVE BANK DONATION FORM

Name of Donating Employee: _____

Position: _____

I wish to donate _____ of my unused personal days to the Phillipsburg School District Sick Leave Bank. I understand and agree that this donation is irrevocable and is subject to the requirements and restrictions set forth in the Phillipsburg School District Sick Leave Bank Policy.

Signature: _____

Date: _____