FAIRBANKS EDUCATION ASSOCIATION

FEA SICK LEAVE BANK DONATION FORM

I, _____, hereby authorize the donation of _____ days of my accumulated sick leave to the FEA Sick Leave Bank. I understand that the transfer of this day/days of sick leave is final and not recoverable for re-credit to my personal sick leave account. I work _____ hours per day.

_____	_____	_____
F #	**Signature**	**Date**

Please complete and return to the FEA office.

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PAYROLL USE ONLY

S/L Balance: _____

S/L Bank Contribution: _____

New S/L Balance Should be: _____

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