

**CUMBERLAND COUNTY BOARD OF EDUCATION**

**810 North Main Street • Burkesville, Kentucky 42717**

**Phone 270-864-3377 • Fax 270-864-5803**

Dr. Kirk Biggerstaff, Superintendent  
SUCCESS: EVERY STUDENT EVERY DAY

NAME \_\_\_\_\_

DATE \_\_\_\_\_

I AUTHORIZE THE TRANSFER OF \_\_\_\_\_ (# OF DAYS) OF MY SICK  
LEAVE DAYS TO \_\_\_\_\_.(NAME OF PERSON RECEIVING  
DAYS)

I UNDERSTAND THAT DAYS DONATED WILL BE DEDUCTED FROM MY SICK  
LEAVE BALANCE AND ANY COMPENSATION WILL BE FORFEITED. I ALSO  
UNDERSTAND THAT I MUST MAINTAIN A SICK LEAVE BALANCE OF 15 DAYS.

Date: \_\_\_\_\_

SIGNED \_\_\_\_\_  
(PERSON DONATING DAYS)

\*SIGNATURE WITNESSED BY:

\_\_\_\_\_

**\*Signature must be witnessed or the form will be returned.**

**PLEASE RETURN COMPLETED FORMS WITH TWO SIGNATURES  
(PERSON DONATING DAYS & WITNESS) TO THE CENTRAL OFFICE –**