



# Bessemer Board of Education



## Donor Employee Submittal

Date of request: \_\_\_\_\_

Number of total sick days to transfer (numerical & printed): \_\_\_\_\_

Example: (5 – five)

### Recipient Information

Recipient's Name (printed): \_\_\_\_\_

School/Site: \_\_\_\_\_

School district: \_\_\_\_\_

Address (if not a Bessemer City School) \_\_\_\_\_

Recipient's I.D. number (HR use only) \_\_\_\_\_ Last four digits of SS#

### Donor Information

Donor's Name (printed): \_\_\_\_\_

Donor's Address: \_\_\_\_\_

Donor's I.D. number: (HR use only) \_\_\_\_\_ Last four digits of SS#

Worksite: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_

\*Please allow two payroll periods for the balance to be transferred to the receiving school district and to be posted and reflected on your pay check.