Bessemer Board of Education

Donor Employee Submittal

Bessemer City Schools
LEADING THE WAY TOWARDS A BRIGHT FUTURE

EST 1887

Date of request: _____

Number of total sick leave days to transfer (numerical & printed):_____
Example: (5) five

Recipient Information

Recipient's Name (printed): _____

School/Site: _____

Recipient's I.D. number   *[H.R. use Only]* _____ *{Last four digits of SS#}*

Donor Information

Donor's Name (printed): _____

Donor's Address: _____

Donor's I.D. number   *[H.R. use Only]* _____ *{Last four digits of SS#}*

Last assignment/worksite: _____

Donor's Signature:_____

*The balance transferred will include any sick bank
*Please allow two payroll periods for the balance to be transferred
to the receiving system and to be posted to your payroll check

Form SB-D