

OLEAN CITY SCHOOL DISTRICT  
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## O. E. S. P. A.

### SICK BANK DONATION AUTHORIZATION

TO: OESPA PRESIDENT

FROM: \_\_\_\_\_ HOURS WORKED DAILY: \_\_\_\_\_

I AUTHORIZE \_\_\_\_ SICK DAY(S)\*\* TO BE TRANSFERRED FROM MY SICK DAY BANK AND CREDITED TO THE O.E.S.P.A. SICK BANK OF \_\_\_\_\_.

SIGNED \_\_\_\_\_

DATED: \_\_\_\_\_

\*\*Per OESPA Contract Section 5.2--Other Benefits  
Employee may not contribute more than three (3) days per year for any given employee to utilize.

