



Biloxi Public Schools

Business Office

160 St. Peters Ave. • P.O. Box 168, Biloxi, MS 39533 • (228) 374-1810 • Fax (228) 374-1764

Elton J. Bienvenue, CPA

LEAVE DONATION

NAME OF DONOR EMPLOYEE _____ SS# _____

DONOR IS EMPLOYED IN THE BILOXI SCHOOL DISTRICT.

I HEREBY WISH TO DONATE _____ DAYS OF SICK LEAVE TO

_____ SS# _____ WHO IS
Name of Employee

EMPLOYED IN THE _____ SCHOOL DISTRICT.

REASON FOR DONATION _____

Signature of Donor

Date

Elton Bienvenue, CPA
District Accountant

Date