



Sick Leave Donation Form

INSTRUCTIONS: This form is used by employees to donate unused sick leave hours to the sick leave pool. Administrators are responsible for deducting the donated hours from the employee's sick leave balance.

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|--|--------------------------|
| Donating Employee Information | |
| First Name (Please print) | Last Name (Please print) |
| Total number of hours of sick leave to be donated: _____ | |
| <p>I, the undersigned employee, understand</p> <ul style="list-style-type: none"> my donation is strictly voluntary my sick leave balance will be reduced by the specified number of hours stated above this decision is irreversible as of the date this form has been signed by the department head or designee | |
| _____ Donating Employee signature | _____ Date |
| Employee's Supervisor or Designee | |
| <p>I certify that this employee has available the amount accumulated sick leave to be donated as stated above. I authorize the Business Department to transfer up to the total hours above to the Recipient Employee's sick leave records.</p> | |
| _____ Employee Supervisor or Designee signature | _____ Date |
| BUSINESS OFFICE USE ONLY | |
| <p>I certify that this employee's sick leave balance has been reduced by the above hours of _____. The employee has _____ sick leave hours remaining.</p> | |
| _____ Chief Financial Officer signature | _____ Date |

cc: Donating employee
 Supervisor or designee