

EACC/AFSCME SICK LEAVE EXCHANGE DONATION FORM

Donations should be received by Human Resources two weeks before next payroll. The use of outdated forms and incomplete and inaccurate data may result in the form being returned to the donor. Please complete parts A, B and C.

DONOR INFORMATION (Part A):

Name:	Employee ID#: <i>(Do not use SSN.)</i>
Address:	
Work Location:	Position:

DONOR SICK LEAVE INFORMATION (Part B):

Number of SICK days donated (minimum 1 day):
Number of hours worked daily (for example, 7.5 or 8):
SICK leave days available after donation: <i>(Must have at least 15 accrued days remaining after donation.)</i>

Donor's Signature: _____ Date: _____

RECIPIENT'S INFORMATION (Part C):

Name:	Employee ID#: <i>(Do not use SSN.)</i>
Work Location:	Position:

EACC / AFSCME USE ONLY:

Reviewed by EACC:	Initials:	Date:
Reviewed by AFSCME:	Initials:	Date:

◆ [<input type="checkbox"/>] BANK DONATIONS	[<input type="checkbox"/>] PAY DONATIONS IF ALREADY DOCKED
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HUMAN RESOURCES / CCPS USE ONLY:

APPROVED _____	DENIED _____	Initials:	Date:
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Application and/or donations for certificated employees (EACC) fax form to EACC at 301-392-0151.

Application and/or donations for classified employees (AFSCME) fax form to Human Resources 301-934-7235.