

Request to Donate Sick Leave**MORGAN COUNTY BOARD OF EDUCATION****155 University Drive, West Liberty, KY 41472**Name School/Work Site: Social Security Number Number of Sick Leave Days I wish to Donate: *Note: The number of days donated may not reduce the employee's accumulated sick leave balance to less than fifteen (15) days.*District Employee to whom I Wish to Donate Days: *Note: Certified employees may only donate days to other certified employees. Likewise,, classified employees only to other classified employees.*

Employee's Signature

*Date***THIS SECTION TO BE COMPLETED BY CENTRAL OFFICE DESIGNEE**

The employee to whom sick leave days are to be donated:

Is eligible ☐ Is not eligible ☐

to receive the days based on the following criteria.

Check each requirement below that is met:

- ☐ The donation will involve a transfer of days from certified employee to certified employee or from classified employee to classified employee.
- ☐ The donating employee's sick leave balance will not fall below fifteen (15) days.
- ☐ The receiving employee or a member of his/her immediate family suffers from a medically certified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) days.
- ☐ The receiving employee's need for the absence and use of sick leave are certified by a licensed physician (as attached).
- ☐ The receiving employee or a member of his/her immediate family suffers from a medically certified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) days.
- ☐ The receiving employee has exhausted his/her accumulated sick leave and any other paid leave granted by the Board.
- ☐ The receiving employee has complied with the District's policies governing the use of sick leave.

Signature of Superintendent/designee

Date

Review/Revised:3/17/2011