

Sick Leave Donation Authorization Form

Name: _____
(Please Print)

Date: _____

School: _____

Employee ID #: _____

In accordance with HCS Policy 03.1232, I hereby donate _____ day(s) of my accumulated
(number)
sick leave to _____. Furthermore, I authorize the human resources
(Name of recipient)
department to deduct said number of days from the balance of my accumulated sick leave.

Signature, required

***NOTE: Return this form to the human resources office.**