

**Donated Sick Days Form**

**DONOR SECTION**

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DATE \_\_\_\_\_

EMPLOYEE # \_\_\_\_\_

EMPLOYEE NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

IS DONATING \_\_\_\_\_ DAY(S)

TO EMPLOYEE \_\_\_\_\_

The number donated may not reduce the employee’s accumulated sick leave balance to less than fifteen (15) days. In order for donated days to be utilized, the employee donating days may not donate a number of days that exceed the number of days remaining on their current or continuing contract. Additionally, employees on a leave of absence through the remainder of the year or on an extended disability leave, are not eligible to donate sick days.

Signature \_\_\_\_\_

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**PAYROLL SECTION**

HAS EMPLOYEE USED ALL: (circle)	SICK DAYS	YES
	PERSONAL DAYS	YES
	VACATION DAYS	YES
	(If applies)	

Date \_\_\_\_\_

Signature \_\_\_\_\_

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**HUMAN RESOURCES SECTION**

Doctor’s note received \_\_\_  YES  NO

Meets conditions of KRS 161.155:  YES  NO

Date \_\_\_\_\_

Signature \_\_\_\_\_

PLEASE COMPLETE FORM (PRINT) AND RETURN TO PAYROLL