

Donating Employee Information

1. Employee Name:
2. Social Security Number:
3. Employee Address:
4. Employee Telephone(s):
5. Employer:

Beneficiary Employee Information

6. Receiving Employee Name:
7. Social Security Number:
8. Beneficiary's Employer:

Days to be Donated to Beneficiary (not to exceed 30 days)

9. Number of days to be donated:

Certification of Donating Employee

<p>10. I certify that I hereby donate the above number of my sick leave days to the beneficiary employee listed above. My employer has my permission to transfer the indicated number of sick leave days to the employer of the beneficiary for his or her use due to a catastrophic illness / injury as defined by Act 93-753. It is my understanding that my sick leave balance will be reduced by the specified number of days hereon and that the donated days will not be returned to me.</p>	
Donating employee's signature:	Date:
Witness:	Date:

Certification of Donating Employer

<p>11. I hereby certify that the donating employee's information listed above is correct to the best of my knowledge.</p>	
Authorized signature:	Date:
Title:	

Receipt of Beneficiary Employer

<p>12. The above noted number of sick leave days have been credited to the sick leave account of the beneficiary employee.</p>	
Authorized signature:	Date:
Title:	

INSTRUCTIONS FOR FORM

1. The DONATING EMPLOYEE originates the form and completes items 1 through 10 and gives to his / her employer.
2. It is suggested that the donating employer contact the beneficiary employer by telephone to verify that:
 - a. Beneficiary employer has a sick leave bank
 - b. Beneficiary employer has on file a certified statement from a licensed physician stating that the beneficiary employee has a catastrophic illness.
3. The DONATING EMPLOYER completes item 11 and forwards to BENEFICIARY EMPLOYER.
4. The BENEFICIARY EMPLOYER completes item 12 and forwards a copy to:
 - a. donating employee
 - b. beneficiary employee
 - c. donating employer