

CAESAR RODNEY SCHOOL DISTRICT, 7 Front Street, Wyoming, DE 19934,
Phone 698-4800, FAX 697-4981

EMPLOYEE REQUEST TO MAKE A DIRECT DONATION - RDD

PART I - to be completed by Donor Employee

Donor's Name _____ Employee ID Number _____
Building _____ Work Telephone Number _____
I hereby donate _____ days (must be even number, 2 days of donor time = 1 day to recipient) of sick leave
to:
Recipient's Name _____ Recipient's Building _____

I understand that in order to donate leave I must donate unused accumulated annual sick leave. I understand
that my annual sick leave balances will be reduced by the number of days donated as indicated above.

If requested by the recipient:

You _____ may release _____ may not release my name and donation information to the recipient.
You _____ may contact _____ may not contact me if additional days are needed.

Donor's Signature

Date

UPON COMPLETION, PLEASE FORWARD THIS FORM TO THE BENEFITS OFFICE.

PART II - to be completed by the District HR/Benefits Office

A. ____ Donor's leave donation not needed at this time.

Or

B. I hereby certify the following:

Donor's Name

Donor's daily rate of pay & effective date

has sufficient annual sick leave to cover the donation indicated in Part I, and that the above information is true
and correct, and further certify that the recipient has made application and been approved for receipt of donated
leave.

Authorized Benefits Personnel Signature

Date

PART III - to be completed by the District HR/Benefits Office

I hereby certify that the donor's sick leave balance has been reduced by the following:

_____ Sick Leave Days

Authorized Benefits Personnel Signature

Date

