



# CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION

**DONOR NAME**

**JOB TITLE**

**EMPLOYEE ID NUMBER** *(Kelly Services PIN)*

**WORK SITE**

I certify that I hereby donate \_\_\_\_\_ (number of days) sick leave days from my accumulated sick leave to the beneficiary employee listed below. 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 catastrophic illness or 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.

\_\_\_\_\_  
**Donating Employee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

## Donor's Employer Authorization

I certify the donor named above has sufficient sick leave days to donate the number of days indicated to the best of my knowledge.

\_\_\_\_\_  
Comptroller's Signature

\_\_\_\_\_  
Date

**BENEFICIARY NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**WORK SITE:** \_\_\_\_\_

## Receipt of Beneficiary

The above noted number of sick leave days have been credited to the sick leave account of the beneficiary employee.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_