CAESAR RODNEY SCHOOL DISTRICT, 7 Front Street, Wyoming, DE 19934,
Phone 698-4800, FAX 697-3406

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 _____ day/s (Which shall be converted into a cash value at the donor's rate of pay, re-convert the cash value to hours of leave at the recipients rate of pay) 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 converted based on cash value 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 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 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**

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