



# SICK LEAVE DONATION

## Donation of Sick Leave Days

### Classified Staff

Classified employees with accumulated sick leave may donate up to 10 days per year to another classified employee. No employee may make a donation that would result in the employee having less than 30 days of accumulated sick leave. Once a donation of sick leave days has taken place, the donation is permanent and will result in the donating employee giving up all rights and benefits associated with the days, including future use of the sick days and any payment in lieu of the use of the sick days.

**Directions:** Complete all information in Part I. Do not leave any information blank. Sign the form on the designated line. Submit the form to the Human Resources Department. Please print or type.

#### Part I

Name of Donor Employee \_\_\_\_\_

School or Work Location \_\_\_\_\_ Position \_\_\_\_\_

Last 4 Digits of Donor Employee SS No. \_\_\_\_\_ Number of Days Donated \_\_\_\_\_

Name of Recipient Employee \_\_\_\_\_

School or Work Location \_\_\_\_\_ Position \_\_\_\_\_

*I understand that by donating these sick day I am giving up all rights and benefits associated with the days. I understand I will not be able to use these days in case of a person/family illness for myself, not will I be able to receive payment in lieu of these days.*

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

\_\_\_\_\_  
Date

#### Part II

	Yes	No
The transferring Employee has sufficient days to make the requested transfer	___	___
Recipient Employee has not sick, vacation or personal days	___	___
Recipient Employee's Physician Statement is on file	___	___

#### Approved

#### Denied

\_\_\_\_\_  
Amber Forbes Date

\_\_\_\_\_  
Amber Forbes Date

\_\_\_\_\_  
Leia Valley Date

\_\_\_\_\_  
Leia Valley Date

\_\_\_\_\_  
Dr. Erin Slater Date

\_\_\_\_\_  
Dr. Erin Slater Date

