



Capital School District

RDD - REQUEST TO MAKE A DIRECT DONATION

Section: Human Resources	Title: RDD – Request to Make a Direct Donation
Effective Date:	Revision Date:

Part I: To be Completed by Donor Employee

Donor's Name _____ EMPLID # _____

Work Location _____ Work Phone Number _____ Home Phone Number _____

Recipient Name _____ Recipient Work Location _____

- I understand that in order to donate leave I must donate unused annual sick leave.
- I understand that my annual sick leave balances will be reduced by the number of days donated indicated below.
- I understand that 1 day will be deducted from my leave for every 1-day donated to the recipient.
- I understand that sick days can only be donated in increments of whole days.
- I understand the District will convert the donated leave available for use by the recipient into cash value at my hourly rate of pay and shall re-convert the cash value to hours of leave at the recipient's rate of pay.
- I understand that Donated Leave will be awarded in the order in which it is received.
- I understand that by signing below my donation of annual sick leave is final and will not be returned to my account for any reason.
- I understand that by signing below I certify that I have read and understand the Capital School District Donated Leave Policy and Title 14 section 1318A of the Delaware Code.

If requested by the recipient you may _____ **OR** may not _____ release my name and donation information to the recipient.

You may _____ **OR** may not _____ contact me if additional days are needed.

Number of days donated to recipient and deducted from my sick leave balance: _____

Donors Signature _____ Date _____

UPON COMPLETION, PLEASE FORWARD TO THE HUMAN RESOURCES OFFICE

Part II: To be Completed by Human Resources

I hereby certify the following and further certify that the recipient has made application and has been approved for receipt of donated leave:

_____ The donor has sufficient annual sick leave to cover the donation indicated in Part I
_____ The donor's sick leave balance has been reduced by _____ sick leave days
_____ The recipient has excess leave donations & donated leave is not needed at this time

Authorized Signature

Date

cc: all involved parties (excluding recipients).