Moss Point School District

Human Resources Office
4924 Church Street, Moss Point, MS 39563
(P) (228)475-4558 / (F) (228)474-4964
https://www.mpsdnow.org

DONATION OF LEAVE TO ANOTHER EMPLOYEE

Employee receiving donation has a catastrophic injury or illness, as defined by Section 37-7-307 (9), or a member of her/his immediate family is suffering from a catastrophic injury or illness as certified by the attending physician's statement which is attached.

Name of Donor: _____ Social Security No. (last four (4) digits): _____

School/Department _____

Name of Recipient: _____ School/Department: _____

I am donating _____ days of my unused accumulated ( ) sick leave to the recipient listed below. I understand that according to Board Policy GBRI, that the maximum amount of unused accumulated personal leave that an employee may donate to any other employee may not exceed a number of days that would leave the donor with fewer than seven (7) days of personal leave remaining and the maximum amount of unused accumulated sick leave that an employee may donate to any other employee may not exceed fifty percent (50%) of the donor's unused accumulated sick leave.

Donor's Signature: _____

Reviewed and approved by: _____
Donor Employee's Supervisor

FOR OFFICE USE ONLY

_____ Recipient has NOT exhausted all sick leave, including sub-dock days.

_____ No Physician's statement on file with beginning date of catastrophic illness or injury, prognosis for recovery and anticipated date of return to work.

_____ Donor does NOT have at least seven days and 50% of accumulated sick leave remaining.

ACTION:

( ) Approved ( ) Denied (Due to reason(s) checked)

_____ _____
Department of Human Resources Date