



Sick Leave Donation Form

Date: _____ Number of Hours Donated: _____

Employee Donating Leave:

Name _____ Employee ID # _____

My signature below authorizes deduction from my sick leave accrual for the purpose of donating to a coworker who has no leave time available. I understand that:

- I must retain a balance of at least 80 hours of sick leave after donation.
- I am forfeiting my rights to this leave.
- I am not allowed to accept any type of consideration for my donation of sick leave. I further acknowledge that I may not sell, bargain or otherwise exchange sick leave time with any other employee for any reason.
- This donation must be approved by my Department Head and the Human Resources Department before any leave is donated.

Employee Signature: _____

Department Head Approval: _____

For HR/Payroll Use Only

Balance Verified/Approved: _____

Name of Employee Receiving Leave: _____