



## Sick Leave Donation Request Form

Date: \_\_\_\_\_

### ***Employee Requesting Leave:***

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

By signing this form, I understand that I must use all my accrued sick leave and annual leave before any donated time can be applied. I also understand that I am not to request leave to be donated to me, and that Human Resources will make the request on my behalf. I acknowledge that I may not buy, bargain for or otherwise make an exchange for sick leave with any other employee for any reason. I understand that this request must be approved by my Department Head and the HR Department before any leave time can be donated.

Employee's Signature: \_\_\_\_\_

OR

Supervisor Requesting  
Leave on Employee's Behalf: \_\_\_\_\_

Department Head Approval: \_\_\_\_\_

Human Resources Approval: \_\_\_\_\_