

## SICK LEAVE DONATION FORM

DONATION TO: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
(Please type or print)

DONOR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
(Please type or print)

I understand that my sick leave balance will be decreased by the amount of the donation stated above. I understand that my donation will not be accepted if my sick leave balance is less than 160 hours (20 days) or if the amount donated will decrease my balance to fewer than 160 hours. Further, I understand there is not a limit of the number of hours I may donate if I maintain at least 160 hours in my sick leave balance. Any unused donated sick leave will be returned.

**PLEASE NOTE:** This is an official leave document authorizing the deduction of your accrued sick leave. The Payroll department will adjust your sick leave to reflect your donation.

Donor Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY THE PAYROLL DEPARTMENT UPON RECEIPT  
DONOR**

CURRENT SICK LEAVE BALANCE \_\_\_\_\_

NUMBER OF HOURS DONATED \_\_\_\_\_

BALANCE OF SICK LEAVE \_\_\_\_\_

**TO BE COMPLETED BY THE PAYROLL DEPARTMENT UPON RECEIPT  
RECEPIENT**

CURRENT SICK LEAVE BALANCE \_\_\_\_\_

NUMBER OF HOURS DONATED \_\_\_\_\_

RECEPIENTS NEW SICK LEAVE BALANCE \_\_\_\_\_