



REQUEST TO DONATE SICK LEAVE

I request to donate leave time to the leave account of an approved leave recipient in accordance with the Sick Time Policy 5.4. As of the date indicated below, I have enough leave in my account to cover this amount and still maintain a balance of 40 hours of leave time. I understand that any leave time donated by an employee that is not used shall remain in the account of the donating employee.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee or non-employee for the purpose of donating or using leave.

Employee's Name: _____ Employee's Department: _____
(Please print full legal name)

Donor's Title: _____ Donor's Employee Number: _____

of sick hours to donate: _____

Recipient's Name: _____ Recipient's Department: _____
(Please print full legal name)

If you would like to donate leave time to any approved leave recipient please check here:

Donor's Signature: _____ Date: _____

TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

Available sick total before donation: _____ Available sick total after donation: _____

Request has been approved: Request has been denied:

Chief Human Resources Officer

Date