

“Sick” Leave Donation Form

Donor Name: _____ Employee ID # _____

Recipient Name _____ Employee ID # _____

Sick Leave Hours being donated _____

(Minimum donation must be 7.5 hours and in whole work day increments)

By signing this form, I understand that:

- This is a voluntary donation
- Once made, the donation is irrevocable
- Because an employee is limited to receiving no more than 225 Hrs of donated sick leave over any 12 Month Period – The amount transferred could be less than donation above.
- Donations are on a first-received, first-used basis.

Donor Signature _____ Date _____

Human Resources Manager _____ Date _____

Executive Director _____ Date _____

To be completed by the Human Resources Office

Recipient:

FMLA Eligible

☐ Yes ☐ No

Donor:

Donor's Sick Leave Balance meets or exceeds 82.5 Hrs

☐ Yes ☐ No