

## **Donation of Sick Leave**

I agree to donate	ate hours of my accrued sick leave to			
Print Name (of persor	n to receive time)			
s	Signature of Donor			
Printe	ed Name of Donor			
Employee ID #				
Approval:				
Human Resources Office Eligibility Verification				
DONOR	Pay Period	DONOR	Pay Period	
Current Sick Leave Balance		Current Sick Leave	Current Sick Leave Balance	
Donation		Donation	Donation	
Revised Sick Leave Balance		Revised Sick Leav	Revised Sick Leave Balance	
RECEIVER		RECEIVER		
Current Sick Leave Balance		Current Sick Leave	Current Sick Leave Balance	
Donation		Donation	Donation	
Revised Sick Leave Balance		Revised Sick Leave	Revised Sick Leave Balance	
Pari	roll Verification		Date	