

**AUTHORIZATION FOR DONATION OF SICK LEAVE TO AN EMPLOYEE**

*A district employee may authorize any district employee to use sick time that has accrued to the authorizing employee. The employee who authorizes the donation must maintain a two (2) week balance in his or her own sick leave account.*

**Name of employee donating sick leave hours** \_\_\_\_\_

Employee I.D. \_\_\_\_\_ Work site \_\_\_\_\_

**Employee to receive the donated sick leave hours** \_\_\_\_\_

Employee I.D. \_\_\_\_\_ Work site \_\_\_\_\_

Number of hours that will be donated \_\_\_\_\_

*The recipient may not use donated sick time until all of his or her sick leave has been depleted, excluding sick leave from a sick leave pool. The recipient must provide documentation, by the treating physician, of the illness, accident or injury for which the leave is authorized. Hours received are not eligible for terminal pay.*

By signing below I certify that I wish to donate sick time that I have accrued to the employee named above.

Signature of employee donating sick leave hours \_\_\_\_\_ Date \_\_\_\_\_

**\*Please send this form to the Payroll Department\***

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Site Timekeeper:

Is the recipient on an extended leave?

Yes \_\_\_\_\_ No \_\_\_\_\_

For Payroll Department use only:

Payroll \_\_\_\_\_

Date \_\_\_\_\_

Run \_\_\_\_\_