

The School District of Hernando County

**AUTHORIZATION FOR DONATION OF SICK LEAVE  
TO A FAMILY MEMBER**

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

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

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

Check one\*\*: spouse \_\_\_\_\_ child \_\_\_\_\_ parent \_\_\_\_\_ sibling \_\_\_\_\_

*\*\* A district employee may authorize his or her spouse, child, parent, or sibling who is also a district employee to use sick time that has accrued to the authorizing employee. Donations may not be made to step-parents, step-children or in-laws.*

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

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

Hours to be used from \_\_\_\_\_ to \_\_\_\_\_ (within a payroll period)

*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 the familial relationship is true and correct. I further understand that if I misrepresent the relationship, I will be in violation of School Board Policy and may be subject to appropriate discipline.

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

-----

For office use only:

Payroll \_\_\_\_\_

Date \_\_\_\_\_

Run \_\_\_\_\_