



SICK LEAVE DONATION FORM

I, (employee printed name) _____ Employee Number: _____

request and authorize _____ hours of my sick leave balance be donated to:

Printed Name: _____ Employee Number _____

I understand that this sick leave will be deducted from my current balance and that I will not be able to use those hours or to receive money for them through the sick incentive program. **Employees who donate their sick leave cannot reduce their sick leave balance to less than two weeks (75 hours for a 37.5-hour week, 80 hours for a 40-hour week, and 112 hours for a 56-hour week).**

Donating Employee's Signature

Date

TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

Adjustment in sick leave hours made on _____
(Date)

Initial sick leave balance: _____ hours

Minus hours donated: - _____ hours

Donor's new balance: _____ hours

Note: After completing this form, please forward it to your department/division's Payroll Representative who will submit the form to Human Resources.