

Sick Leave Donation Agreement

I, _____, _____, employed by
(Donating Employee's Name) (Employee M Number)
_____, wish to donate _____ days/hours of
(Institution)
sick leave to _____, _____.
(Employee To Whom Donating Leave) (Employee M Number)

I understand the following:

- (1) I must currently have 20 days of accrued sick leave.*
(Example: 20×7.5 accrual rate = 150.0 hours)
- (2) I must agree to donate a minimum of 5 days of accrued sick leave.*
(Example: $5 \times 7.5 = 37.5$ hours)
- (3) I may not donate more than one-half of my sick leave balance at the time of transfer.
(Example: $1/2 \times 150.0$ hours = 75.0 hours)
- (4) I may not donate more than 90 days of accrued sick leave during my employment with this institution/school.
- (5) I agree that any unused sick leave which I have donated to the employee stated above will be transferred to the Sick Leave Bank.

*The accrual rate is based on my percentage of employment.

I am donating this leave of my own free will and have not been unduly influenced in any manner to make this contribution.

Donor's Signature

Date

Witness

Date

Witness

Date

FOR OFFICE USE ONLY (Record all data in hours.)

Is recipient a Sick Leave Bank member?

Yes No

Date certification of recipient's continuing disability was received:

Donor's sick leave balance as of :

Date to be transferred:

Donor's balance at time of transfer:

Prior number of hours donated:

APPROVED:

Institutional Officer

Date