

SICK LEAVE DONATION FORM

Employee: _____

Please donate days to: _____

Number of days: _____

Employee Signature: _____

POLICY 3.9

Days accumulated/Days allowed for donation:

- 10 sick days = 1 donation day
 - 15 = 2
 - 20 = 3
 - 25 = 4
 - 30 = 5
 - 35 days or more = up to 10 days
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DO NOT WRITE BELOW LINE.

Date of Transfer: _____

Number of Days: _____

Employee Sick Leave Beginning Balance _____

Number of Days Transferred _____

Employee Sick Leave Ending Balance _____

Melissa Liggin

Business Manager