

SICK LEAVE DONATION FORM

Donor's Information

Employee Name: _____

Employee ID No.: _____

Department / School: _____

Under the provisions of the Sick Leave Donation Policy, employees may donate sick leave to others, who have exhausted his/her, accrued sick and vacation leave.

Please read the information below:

- Donating employees must be employed for one full school year and have accrued at least 10 sick days.
- Once the request to donate leave has been made and approved it is irrevocable.
- The recipient of donated leave must have completed the appropriate information and been approved to received donated leave time.
- Donating employee and Recipient must have similar pay status.

RETURN THIS COMPLETED FORM TO THE CENTRAL OFFICE, HUMAN RESOURCES DEPT, SUITE 208

I would like to make the following contributions to:

Recipient Employee's Name: _____

Recipient Department/ School: _____

Please check the number of sick leave days donating:

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐ 10 days (Spouse Only)

By my signature below, I certify that I have read the Richmond County Board of Education's Sick Leave Bank Policy and understand that once the request has been approved, I can not revoke my decision.

I, hereby donate sick leave to the above named employee in the amount indicated in accordance with the eligibility requirements that are outlined in Sick Leave Bank Policy.

Employee Signature

Date

Departmental Use Only

In accordance with the Sick Leave Bank Policy, your request to donate is :

☐ Approved ☐ Denied Reason: _____

Classification Status: ☐ Certified

☐ Classified

Sick Leave Balance: _____

Similar Pay Status: ☐ Yes

☐ No

Number of Days Donated: _____

Benefits Coordinator Signature

Date

Director of Human Resources Signature

Date