

### DIRECT SICK LEAVE DONATION – DONOR

A current employee may contribute an unlimited number of hours to another employee that has exhausted the maximum sick leave pool award. The provided contribution must not cause the donor’s balance to drop below fifty [50] hours and contributions must be in units of eight [8] hours. Terminating employees may donate their full or partial accrued sick leave balance. Please do not contribute if you may return to state employment within a year.  
 Once hours are contributed, they cannot be restored.

**To be completed by Donor Employee**

Donor’s Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_

Recipient’s Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_

Total Number of Sick Leave Hours donated to recipient: \_\_\_\_\_ Monetary Value: \_\_\_\_\_

By signing this form, I understand and agree to the following statements.

- My donation is strictly voluntary.
- My donation will result in a deduction to my own personal sick leave balance.
- Unused hours by the recipient will not be returned to my available balance.
- Hours will not be deducted until the recipient meets all eligibility requirements.
- I am responsible for maintaining a sufficient sick leave balance for my sick absences.
- I have not been directly or indirectly intimidated, threatened, or coerced into donating sick leave.
- I have not and will not receive any remuneration or gift in exchange for donating sick leave.
- Initials: \_\_\_\_\_ 10%-15% of the monetary value for the donated sick leave will be deducted in my income by the University from my payroll earnings upon donation.

\_\_\_\_\_  
 Donor’s Signature \_\_\_\_\_  
Date

- The monetary value will be calculated as follows: (Actual Annual Salary/2080) x hours donated.
- The Payroll Office is responsible for deducting the contribution from the employee’s balance.
- The Office of Human Resources will retain a copy for records and will forward a copy to Payroll.

| For Human Resources Use Only           |               |
|----------------------------------------|---------------|
| _____<br>Sick Leave Pool Administrator | _____<br>Date |
| _____<br>Entered By                    | _____<br>Date |