

DIRECT SICK LEAVE DONATION - RECIPIENT

To be completed by Recipient Employee

Recipient's Name: _____ Empl ID: _____

Donor's Name: _____ Empl ID: _____

Total Number of Sick Leave Hours received from donor: _____

The following criteria must be met to receive direct sick leave donations.

Yes No I have exhausted my own personal sick leave.

Yes No My absence was Sick Leave Pool eligible, I have exhausted the sick leave pool award.

- The hours stated above will be added to my sick leave balance.
- I have not been directly or indirectly intimidated, threatened, or coerced in relation to this sick leave donation.
- I have not directly or indirectly intimidated, threatened, or coerced any employee in relation to this sick leave donation.
- I have not and will not give any remuneration or gift in exchange for donated sick leave.

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

Recipient's Signature

Date

- 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

Sick Leave Pool Administrator

Date

Entered By

Date