

SICK/VACATION LEAVE DONATION REQUEST FORM

April 1, 2007

Recipient Employee Information

Donor Employee Information

1. Employee Name		
2. Department		
3. Job Title		
4. Salary Basis (Salary/Hourly)		

5. Dates donated sick/vacation leave will be used: _____

From _____ To _____

Total hours being donated: _____

Sick _____ Vacation _____

6. Certification of Recipient Employee.

Explanation of catastrophic illness/injury and expected length of absence: (Attach relevant medical documentation)

Attending Physician's Signature _____

Date _____

I do hereby certify that I have secured permission from my Department to use donated sick leave pursuant to policy. This request is due to the above-referenced catastrophic illness/injury and will be used during the dates listed above in order to continue my compensation because my other sick leave, vacation time, and personal holidays will have been exhausted prior to this request.

Have you applied for, or do you plan to apply for, Retirement Due to Disability?

Yes

No

Recipient Employee's Signature _____

Date _____

7. Certification of Donating Employee:

I do hereby certify in making this voluntary request that my Department has permission to transfer the above-listed hours of my sick leave to the Recipient Employee listed above. I understand that my sick leave balance will be reduced by this specified number of hours.

Donating Employee's Signature _____

Date _____

8. Certification of Recipient's Department/Unit Head

I do hereby certify for the Recipient Department listed above that this request meets the guidelines for donating sick leave pursuant to policy and established procedures. I authorize Personnel Management and/or the Recipient's Department to add the total hours donated above to the Recipient Employee's sick leave records.

Recipient's Department/Unit Head _____

Date _____

9. Certification of Donor's Department/Unit Head

I certify that the donating employee's information listed above is correct and that this request meets the requirements of the policy.

Donor's Department/Unit Head _____

Date _____

10. Approved/Denied:

Date _____

Office of Personnel Management - Records Administration

Date Accruals Entered: _____

