



SICK LEAVE DONATION POOL FORM

S8-1

Donating Employee Information

Date: _____

First Name (Please print) _____

Last Name (Please print) _____

Total number of hours of sick leave to be donated: _____ (no more than 40 hours)

I, the undersigned employee,

1. Understand my donation is strictly voluntary and
2. My sick leave balance will be reduced by the specified number of hours stated above.
3. This decision is irreversible as of the date this form has been signed by my direct Supervisor or the Division Director.

Donating Employee signature _____ Date _____

I certify that this employee has available the amount of accumulated sick leave to be donated as stated above. I authorize the Human Resources/Payroll Department to transfer up to the total hours above to the sick leave pool.

Employee's Supervisor/Director _____ Date _____

HR/Payroll USE ONLY

I certify that this employee's sick leave balance has been reduced by the above hours of _____. The employee has _____ sick leave hours remaining.

cc: Donating employee and Supervisor or Division Director