SICK LEAVE DONATION AGREEMENT

I,	,, employed by		
Donating Employee	Social Security Numb	ber	Institution/Center/Central Office
wish to donatedays/hour	rs of sick leave to		
	Recipient		Social Security Number
I understand the following:			
(1) I must currently have 20 da	ys of accrued sick leave.		
*(Example: 20 x 7.5 accrual rational sector)	te = 150.0)		
(2) I must agree to donate a min	nimum of 10 days of accrued	sick leave	
* (Example: 10 x 7.5 =75.0)	·		
(3) I may not donate more than	one-half of my sick leave ba	lance at the t	ime of transfer.
*(Example: $\frac{1}{2} \times 150.0$ hours =	-		
	,	e during my	employment with this institution/school.
•	•		yee stated above will be transferred to th
*The accrual rate is based on m	iv percentage of employment		
I am donating this leave of my contribution.	own free will and have not b	een unduly ir	nfluenced in any matter to make this
Donor's Signature		Date	
Witness Signature		Date	
Witness Signature		Date	
FOR OFFICE USE ONLY (Record a	ll data in hours.)		
Is recipient a Sick Leave Bank member	? Yes No		
Date certification of recipient's continui	ng disability was received:		
Donor's sick leave balance as of			
Date to be transferred:			
Donor's balance at time of transfer:			
Number of hours transferred:			
Prior number of hours donated:			