



## REQUEST TO RECEIVE DONATED SICK LEAVE

I request to receive leave time in accordance with the Sick Time Policy 5.4. I understand that any leave time donated by an employee that is not used shall remain in the account of the donating employee.

I have not directly or indirectly intimidated, threatened or coerced, or promised any benefit to any employee donating leave time.

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_  
(Please print legal full name)

Employee Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

I will exhaust all my leave time on \_\_\_\_\_ . I am requesting donated leave time to be used from  
(Date)  
\_\_\_\_\_ to \_\_\_\_\_ .  
(Date) (Date)

The total estimated number of leave hours needed is: \_\_\_\_\_

Certification of Recipient Employee: Please explain the illness/injury/maternity and estimated date of return to work, with or without restrictions. (Attach signed Certification of Health Care Provider form)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT**

Available sick total before donation: \_\_\_\_\_ Available sick total after donation: \_\_\_\_\_

Request has been approved:  Request has been denied:

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date