



Unified Government Human Resources Guide

Effective: 06-08-07

Request to Donate Sick Leave

Section I : Donating Employee Information Section

Donor First Name: _____ Donor Last Name _____

Department _____ Job Title _____ Employee ID# _____

Is your position affiliated with a bargaining unit (union)? Yes No

If yes, please indicate name of union: _____

Note: Donated Sick Leave Guidelines may differ by employee/union group.

Current Sick Leave Balance: _____

of Hours to be donated: _____ (40 hour maximum)

Sick Leave Balance*
(after donation): _____ (Must have 100 hours remaining in sick leave balance)

**Department timekeeper must verify that the employee balance after the sick leave donation is at least 100 hours on the date the sick leave hours are deducted.*

Sick leave donations will be placed into one large general bank for use by any eligible employee that has been approved to receive sick leave donations except as indicated in Section II below.

Employee Signature

Date

Department Head Signature

Date

Section II: Recipient Information: Employees covered by a MOU with the FOP 40; FOP 4; PSEU and UFCW unions can only donate within their respective bargaining units. These groups must also specify the recipient within their bargaining unit that will receive their donation below:

Recipient First Name: _____ Recipient Last Name _____

Department _____

Section III : Human Resources Verification and Approval (To be completed by Human Resources)

Employee Group/Union Group verified _____

Donation Type:

General Bank

Within Bargaining Unit

HR USE	
Date to Payroll _____	
Date to Dept _____	
Payroll Type _____ PP _____	

Director of Human Resources

Date