



REQUEST FOR SICK LEAVE BANK & DONATION (Confidential)

PART I

Employee's Section:

Name _____

I am requesting _____ days/hours (maximum 30 days) of sick leave donation for the following reason:

Please attach a statement from your attending healthcare provider, which includes a description of the serious health condition and your expected date to return to work.

Employee's Signature

Date

PART II

Supervisor Section:

- I recommend approval of this request
- I do not recommend approval of this request (please explain)

Supervisor's Signature

Date

PART III

Human Resources Section:

This request is:

- Approved
- Disapproved
 - Donor does not have the minimum (10) sick days required
 - Recipient is not eligible to receive this donation
 - Other _____

Director of Human Resources Signature

Date

(Completed: white copy to Office of Human Resources, yellow copy to Payroll)