

## Sick Leave Donation Form

Date: \_\_\_\_\_

Name of Employee Donating Leave: \_\_\_\_\_

Name of Employee Receiving Leave: \_\_\_\_\_

Hours Donated: \_\_\_\_\_

I understand that by signing this form I am forfeiting my rights to this leave, which I have accumulated. I acknowledge that I am not allowed to take or receive any type of consideration for my donation of sick leave. I further acknowledge that I may not sell, bargain or otherwise exchange sick leave time with any other employee for any reason. I understand that this donation must be approved by my Department Head and the County Manager before any leave is donated.

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

Department Head Approval: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_