

Sick Leave Donation Form

Recipient**Donor**

Employee Name: _____

Employee No.: _____

Job Title: _____

Pay Grade: _____

Department: _____

Total hours being donated: _____

Certification of Recipient Employee/Explanation of illness/injury and expected length of absence. (Attach relevant medical documentation)

Certification of Donating Employee

I do hereby certify in making this voluntary request that my Department has permission to transfer the above-listed hours of my UAHSF sick leave to the Recipient Employee listed above. I understand that my sick leave balance will be reduced by the specific number of hours. I further understand that this decision is irrevocable as of the date this form has the required signatures.

Donating Employee's Signature	Date:
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Certification of Recipient's Chairman, Director or Department Head

I do hereby certify for the Recipient Department listed above that this request meets the guidelines for donating sick leave pursuant to policy and established procedures. I authorize the Benefits Office and/or the Recipient's department to add the total hours donated above to the Recipient Employee's sick leave records.

Recipient's Chairman, Director of Department Head	Date:
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Certification of Donor's Chairman, Director or Department Head

I certify that the donating employee's information listed above is correct and that this request meets the requirements of the policy.

Donor's Chairman, Director of Department Head:	Date:
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Approved

Human Resources:	Date:
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