Richmond County School System

HUMAN RESOURCES DEPARTMENT
SICK LEAVE DONATION REQUEST FORM

Employee Information

Date of Application:	
Employee's Name: (Last, First, Middle)	
Employee ID Number:	
Job Position:	
Department/ School:	
Date of Hire:	

Important Information

- Medical documentation from a physician must be submitted before processing.
- The recipient is limited to 60 days lifetime and must be employed for at least one full academic year.
- Completion of this form does not guarantee donated leave - it only establishes eligibility.

Requested Number of Sick Leave Days:

Have you previously received donated sick leave? Yes ☐ No ☐

If yes, how many days?

By signing below, I certify that the information provided is accurate and I have read and agree to the Richmond County Board of Education's Sick Leave Donation Policy.

Employee Signature:

Date:

Human Resources Only

Approved: ☐ Denied: ☐	Reason:	
Number of Days Approved:	Benefits Coordinator Signature:	Date
	Chief Human Resources Officer Signature:	Date