HUMAN RESOURCES DEPARTMENT

SICK LEAVE DONATION FORM

Employee Information

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

Important Information

- Donating employees must be employed for one full academic year and have accrued at least 10 sick days.
- Once the request is approved, it is irrevocable.
- The recipient of donated leave must be approved to receive donated leave time.
- Donating employee can donate a maximum of 45 days (lifetime).

Recipient Employee's Name:	
Recipient Department/School:	
Number of sick leave days donating:	

By signing below, I certify that I have read and the Richmond County Board of Education's Sick Leave Donation Policy and understand once the request is approved, I cannot revoke my decision.
I hereby donate sick leave to the above named employee in the amount indicated in accordance with the eligibility requirements outlined in the policy.

Employee Signature: **Date:**

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

Revised 10/25