

Sick Leave Sharing Approval Form

In the event of a prolonged or catastrophic illness or injury, or an extended absence of ten (10) consecutive days or more due to an illness of an employee or his/her immediate family member, eligible employees that accrue sick leave, who have exhausted their sick and vacation leave balances, may have sick leave donated to them by other eligible employees, if they meet the following requirements:

1. For purposes of this policy an immediate family member is defined as a spouse, parent, child, step relative of the same relation, or other persons of blood relationship who have resided with the employee for not less than 30 days prior to application for this program.
2. Donors may donate an unlimited number of hours, provided that the donor maintains a minimum balance of 160 hours sick leave. **Employees with a balance of less than 160 hours sick leave may not donate any time to this program.**
3. Sick leave donations must be made in increments of eight (8) hours (one workday).
4. When the recipient of the donated sick leave returns to work, **unused donated sick leave shall be returned** to the donor unless the recipient provides medical certification that he/she will require continued, periodic medical treatments relating to the original condition for which the leave was donated.
5. Completion of the appropriate forms, including certification from a medical doctor verifying the nature of the illness, shall be required.

I, _____ wish to donate _____
sick hours to _____ on this
date due to _____.

Signature of Donor: _____

Signature of Recipient: _____

Signature of Supervisor: _____

Date: _____

Approved By: _____ C.A.O.