



SICK LEAVE DONATION FORM

Name of Donor: _____

Department: _____

Social Security #: _____

Amount of Donation to be credited to Recipient: _____

(Employee must have 40 hours remaining after donation. Minimum amount employee may donate is 8.0 hours)

Recipient: _____

Department: _____

I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized.

Donor: _____

Date: _____

Department Head: _____

Date: _____

County Judge Executive: _____

Date: _____

The original should remain with the Donor's personnel file. A copy should be transmitted to the County Treasurer so that the sick leave balances may be adjusted.