

DONATION OF ACCRUED SICK LEAVE HOURS REQUEST FORM

B-16 Catastrophic Sick Leave Policy

Employee to Donate Accrued Sick Leave Hours

Name: _____
Employee Requesting Donation of Sick Leave Accrued Hours Emp ID#

Hours of Sick Leave to Donate: _____
(Attach copy of accrued sick leave balances for Both Employees & Copy of B-16 Policy)

Minimum hours to Donate is 4 hours - Maximum hours to Donate is 72 hours

Signature of Employee Donating Accrued Sick Leave Date

Employee To Receive Donated Accrued Sick Leave Hours

Name: _____
Employee Wishing to Donate Accrued Sick Leave Hours Emp ID#

Hours of Sick Leave Donated: _____
(Attach copy of accrued sick leave balances for Both Employees & Copy of B-16 Policy)

Minimum hours to Donate is 4 hours - Maximum hours to Donate is 72 hours

Signature of Employee to Receive Donated Accrued Sick Leave Date

All Donation/Donated Requests must be prior approved and signed by the Fire Chief.

Yes, this request is approved No, this request is denied

Signature of Michael W. Whorton, Fire Chief Date

Copy of form & Attachments to be filed in both employees personnel file