

Employee Request to Donate Paid Sick Leave

Employee Name: _____

I would like to voluntarily donate _____ hour(s) of my accrued, unused paid sick leave to the following employee: _____.

I understand that this will reduce my available accrued, unused paid sick leave balance by the hours indicated above.

Employee's Signature

Date

To Be Completed by the Employer

| | | |
|-----------------------------------|-----------|-------------|
| <input type="checkbox"/> Approved | By: _____ | Date: _____ |
| <input type="checkbox"/> Denied | By: _____ | Date: _____ |
| If denied, reason: | | |
| | | |
| | | |
| | | |

| | |
|---|--|
| Current Available Paid Sick Leave Hours: | |
| Donated Hours: | |
| Remaining Balance After Donation (must be over 24): | |