

**SICK LEAVE DONATION**

TODAY'S DATE: \_\_\_\_\_

I, \_\_\_\_\_, do hereby request and authorize the Lee County Commission to transfer \_\_\_\_\_ hours of sick leave from my available sick leave hours to \_\_\_\_\_ due to the fact that he/she does not have any accumulated sick leave or vacation hours and has met all conditions outlined in the Employee Handbook-Sick Leave Policy.

The employee who has signed below understands that the transfer of sick leave hours WILL ONLY be returned if the qualifying employee's employment end prior to the hours being utilized, the remaining amount will then be donated back to the donating employee(s) based upon a pro rata share of the donations. Hour utilization will be determined on a first in, first out method.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please obtain all signatures below before submitting to the Commission Office.

APPROVALS:

Donor:

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Appointing Authority \_\_\_\_\_ Date \_\_\_\_\_

Recipient:

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Appointing Authority \_\_\_\_\_ Date \_\_\_\_\_