

**SUMTER COUNTY SCHOOL BOARD
TRANSFER OF DONATED SICK LEAVE REQUEST**

Office of Human Resources
2680 West County Road 476
Bushnell, FL 33513
(352)793-2315

PS-216 9/13

PLEASE PRINT OR TYPE – ALL FIELDS MUST BE COMPLETED
Return this form to the Payroll Department

Employee Name:	Job Title:	Employee ID Number:	Work Location:
I request to donate sick leave days to my colleague as outlined below:			
Name and work location of employee receiving donated sick leave days:			
_____ Last Name	_____ First Name	_____ Initial	Work location _____
Number of days I wish to donate: _____			
<ul style="list-style-type: none"> I understand that I must retain a minimum of ten days of sick leave <u>after</u> I donate sick leave to another employee. I understand that if the recipient receives more days than he/she needs my sick leave days may be returned to me. This will be determined by the date and time-stamp of when the Transfer of Donated Sick Leave Request was received in Payroll. I understand that my donated hours will be converted to hours accounting for disparate workday lengths. I certify that I am donating these sick days of my own free will, that I have not received any compensation from the recipient and that I have no future expectations from the recipient. 			
Your donation is confidential and will not be shared with the requesting employee by the Payroll Department.			
By signing below I attest that the information I have provided is truthful and accurate and that I have read, understood, and agreed to the above provisions of the Sumter County School Board Shared Sick Leave procedures.			
_____ Donator's Signature		_____ Date	
_____ Donator's Printed Name		_____ Donator's Employee ID Number	