



SUFFOLK PUBLIC SCHOOLS LEAVE DONATION FORM

I have reviewed the School Board Policy governing the Sick Leave Donation and Transfer and understand the purpose of this policy.

By my signature I am donating _____ days* from my current sick leave balance to my fellow employee.

DONATED DAYS FOR: _____

**Cannot exceed 5 days*

NAME:	_____	ID #	_____
POSITION:	_____	JOB CODE:	_____
LOCATION:	_____	PHONE:	_____
SIGNATURE:	_____	DATE:	_____

I understand that my contribution is voluntary and that once my colleague returns to work or separates from employment, any unused donated leave will be donated to the Sick Leave Bank. I further understand that my contributed days will be deducted from the first available payday following my donation request and will be reflected in my sick leave balance on the subsequent paycheck.

RETURN THIS FORM TO THE HUMAN RESOURCES DEPARTMENT

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

DATE RECEIVED: _____ STAFF SIGNATURE: _____

CONTRIBUTING EMPLOYEE:

NAME: _____ DAYS TAKEN: _____

RECEIVING EMPLOYEE:

NAME: _____ LOCATION: _____

FOR FINANCE DEPARTMENT USE ONLY

FOR CONTRIBUTING EMPLOYEE:

NAME: _____ ID #: _____

LOCATION: _____ DAYS TAKEN: _____