

MEMORANDUM

TO: Division of Human Resources

FROM:

DATE:

SUBJECT: Donation of sick leave hours

I am donating (number of hours - Maximum of 80 hours) _____ hours from my accumulated sick leave balance to _____. I understand that I can donate a maximum of 80 hours in a 36-month period and that the total hours being donated have to be in increments of eight (8) hours. I am aware that any unused hours by the employee designated above will be automatically transferred to a pool to be used for catastrophic situations only.

Donating Employee Signature

Employee ID Number

Date