

SICK LEAVE DONATION AND AUTHORIZATION REQUEST FORM

At times, an employee may require extended leave due to his or her own personal needs or to care for a family member. When an employee is on FMLA, they must use their "Sick Leave" to cover any employment days missed.

Accrued and earned Sick Leave may be "donated" from one employee to another in certain circumstances when the Board of County Commissioners has approved the "transfer". If approved, the donation of sick leave will reduce the donating employee's sick leave hours and increase the sick leave balance of the recipient employee. Once the "donation" has been approved and processed the transaction, will be final and cannot be changed regardless of whether the time was utilized by the receiving employee. The maximum numbers of days an employee is able to donate is 30 days or (240 hours max).

Name of employee to receive Sick Leave hours: <u>Brimmy Casio</u> (Print Name)	Department: <u>EM</u>
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Name of Employee donating Sick Leave hours: <u>Ray Walter</u> (Print Name)	Department: <u>EM</u>
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I hereby request 80 hours of accrued and earned sick leave be deducted from my accrued balance and transferred to the employee listed above. I understand that once this transfer has been processed that I cannot revoke or change this request.

Signatures:

<u>[Signature]</u> Donating Employee Signature:	<u>2/10/23</u> Date Signed
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<u>[Signature]</u> Signature of Supervisor:	<u>2/10/23</u> Date Signed
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Signature of BOCC Chairman:	Date Signed
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