

## 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 the transaction has been processed, the donation will be final. The donation can't be reverted back to the individual who donated the time, nor can the donated hours be re-donated to another employee even if the donated sick time wasn't utilized by the original receiving employee. The maximum number of days an employee is able to donate is 30 days (240 hours max).

**Name of Employee to Receive Sick Leave Hours:**

Deb Bernal

(Print Name)

**Department:**

Treasurer

**Name of Employee Donating Sick Leave Hours:**

Destry DeWolf

(Print Name)

**Department:**

VSO

I hereby request five (5) hours of accrued and earned sick leave to be deducted from my accrual balance. I understand that once this transfer has been processed that I cannot revoke or change this request.

  
Donating Employee Signature

31 March 2025  
Date Signed

  
Signature of Supervisor

4/11/25  
Date Signed

Signature of BOCC Chairman

Date Signed