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, the sick leave transaction process will be final and can't be changed regardless of whether the time was utilized by the 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:	Department:
Cecilia Kelly	ASSESSOF_
(Print Name)	
Name of Employee Donating Sick Leave Hours:	Department:
Joshua Knight (Print Name)	ASSESSOR
(Print Name)	
I hereby request 6 hours of accrued and earned balance. I understand that once this transfer has been this request. Donating Employee Signature Eloha Meadows Signature of Supervisor	

Signature of BOCC Chairman

Date Signed

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Name of Employee to Receive Sick Leave Hours:	Department:
CECILIA Kelly	Assessor's office
(Print Name)	
Name of Employee Donating Sick Leave Hours:	Department:
BRUCE A. QUINTANA	Assessorb office
(Print Name)	
I hereby request 40 hours of accrued and earned sich balance. I understand that once this transfer has been prothis request. Brue A January	ocessed that I cannot revoke or change
	10-28-24
Elisha Madeius Signature of Supervisor	Date Signed O-28-24 Date Signed
Signature of BOCC Chairman	Date Signed