

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: <u>ELIZABETH KOHLER</u>	Department: <u>DISPATCH</u>
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(Print Name)

Name of Employee Donating Sick Leave Hours: <u>Nellie L. Leis</u>	Department: <u>Dispatch</u>
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(Print Name)

I hereby request 10.36 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.

Nellie L. Leis _____ 10/22/24
Donating Employee Signature Date Signed

Raquel Rodriguez _____ 10/23/24
Signature of Supervisor Date Signed

Signature of BOCC Chairman Date Signed