

Sick Leave Donation to an Individual - Recipient Form

In accordance with the Sick Leave Donation rules, I accept donated hours to be added to my leave balances for use as sick leave. *(check applicable box below)*

Yes, I accept donated sick leave hours. _____ *(initial)*

No, I do not accept donated sick leave hours. _____ *(initial)*

- I understand that donated sick leave must be used for reasons permitted in the university's Sick Leave policy. However, unlike accrued Sick Leave, donated Sick Leave will not transfer to another state agency, is not eligible for restoration upon re-employment nor is it eligible for payment to an estate upon death.
- I understand that if my need for leave is Sick Leave Pool (SLP) eligible, I must apply for SLP and if approved, exhaust my SLP award prior to accepting and using leave donated to me as part of the Sick Leave Donation program.
- I understand that my Family and Medical Leave Act (FMLA) entitlement will run concurrently with any FMLA eligible leave including hours accepted as part of the Sick Leave Donation program.
- I understand that my supervisor/manager will be notified that I have accepted donated Sick Leave.
- By accepting donated sick leave hours, I attest that I would otherwise suffer substantial loss in income without availability of donated sick leave hours.
- By signing this form, I attest that I have not been directly or indirectly intimidated, threatened, or coerced by any other employee in connection with this sick leave donation.
- By signing this form, I attest that I have not and will not receive or give any financial payment (remuneration) or gift in exchange for this donation.
- By signing this form, I attest that I will fulfill the responsibilities set out by the rules and procedures of the Sick Leave Donation program. If I do not, I may be subject to disciplinary action, up to and including termination of employment.

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Signature of **Recipient Employee**

Date

Sick Leave Donation form must be signed. Submit completed form to Human Resources.