

Application to Donate Sick Leave

Donating Employee Information

Employee Name: _____

Position: _____ Division: _____

Donation

Number of Hours Donating: _____ (*Minimum 8 hours; maximum 120 hours per calendar year*)

Recipient Information

☐ I wish to designate a specific recipient. Recipient Name: _____

☐ I do not wish to designate a specific recipient and defer application of my donation to the Court.

Donation Acknowledgment

I understand and acknowledge that:

- Participation in the Sick Leave Donation Program is voluntary.
- Donated sick leave is irrevocable once processed.
- Donated leave cannot be reclaimed, transferred, or converted to any form of payout.
- Donated leave is not effective until approved and processed
- Approval of this request is discretionary, not subject to grievance or appeal, and not guaranteed.

Employee Certification

I certify that the information provided is true and complete and that I meet the eligibility requirements to donate sick leave under the Sick Leave Donation Policy, including the requirement that I retain at least 160 hours of accrued sick leave *after* the donation.

Donating Employee Signature: _____ **Date:** _____

Court Administration Use Only

Total SL hours remaining for Donor: _____ Donation to be processed Check Date: _____

Eligibility Verified: ☐ Yes ☐ No

Signature: _____ Date: _____

☐ Administrative Coordinator

Approved: ☐ Yes ☐ No

Authorized Signature: _____ Date: _____

☐ Court Administrator ☐ Assistant Court Administrator