# Employee Request to Donate Paid Sick Leave

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| --- | --- |
| Employee Name | Employee ID |

I would like to voluntarily donate \_\_\_\_\_ hour(s) of my accrued, unused paid sick leave to the following

 employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that this will reduce my available accrued, unused paid sick leave balance by the hours indicated above.

|  |  |  |
| --- | --- | --- |
| Employee’s Signature |  | Date |

**To Be Completed by the Employer**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [ ]  Approved |  | By: |  |  | Date: |  |
| [ ]  Denied |  | By: |  |  | Date: |  |
| If denied, reason: |  |
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|  |  |
| --- | --- |
| Current Available Paid Sick Leave Hours: |  |
| Donated Hours: |  |
| Remaining Balance After Donation: |  |

F700-194-000 Employee Request to Donate Shared Paid Sick Leave (12-2017)