

GCCG-ED

EXHIBIT

**PROFESSIONAL STAFF VOLUNTARY
TRANSFER OF ACCRUED SICK LEAVE**

SICK LEAVE DONATION FORM

Please read carefully the information below and sign and submit it to the personnel office immediately. A copy of this form will be returned to you and to the employee receiving the donated sick leave.

Employee name _____ Date _____

School/department _____ SSN _____

I desire to make a donation of sick leave and verify the following:

1. I understand that I may donate no more than five (5) days of sick leave in any contract year from current earned/accrued sick leave.
2. I understand that my donated leave becomes the property of the sick leave bank and will not be returned to me if unused.
3. I understand that days of leave, not my actual wage/salary, will be donated.
4. I understand that information relative to this donation will remain confidential.

By this signature I am acknowledging an uncoerced, voluntary release of the leave donated.

Employee signature _____ Date _____

Approved _____ Date _____

Disapproved _____
Personnel Office