

SICK TIME DONATION FORM

Forward To: Claudia McCaskill, Human Resources
For Processing

- A maximum of 24 hours per employee may be donated to the recipient listed below in a 12-month period.
- Employees donating time must have attained classified status (non-probationary)

From: _____

To: _____

Name: _____

Name: _____

Employee #: _____

Employee # _____

of hours: _____

Date: _____

Signature: _____

Human Resources Use Only:

Classified Status: _____ Accrual Balance: _____