



## Sick Leave Transfer - Request to Donate

### Part I - DONOR INFORMATION

Donor Name (Please print): \_\_\_\_\_ People First ID: \_\_\_\_\_

Division/Bureau/Board: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Please check all that apply:

- I certify that I have read and understand the policies and procedures of the COM Sick Leave Transfer - Donation Plan. [COM Handbook](#)
- I certify that I am eligible and willing to donate my personal sick leave credits and I will have a remaining balance of 80 hours after I make this donation.
- I certify that the recipient is a family member (Spouse, parents, grandparents, brothers, sisters, children and grandchildren of either the employee or the spouse).

I authorize the transfer of \_\_\_\_\_ hours to the below recipient (minimum transfer of 8 hours required).

\_\_\_\_\_  
Donor's Signature Date

### RECIPIENT INFORMATION

Recipient Name (Please print): \_\_\_\_\_ People First ID: \_\_\_\_\_

Division/Bureau/Board: \_\_\_\_\_

### Part II - For Human Resources Management (HRM) Use Only

- Approved Per Criteria  Disapproved Per Criteria

#### Donation Certification

Eligible Donated Hours	_____		
Hours Credited	_____	PPE	_____ Unused Hours _____
Hours Credited	_____	PPE	_____ Unused Hours _____
Hours Credited	_____	PPE	_____ Unused Hours _____

\_\_\_\_\_  
HRM Administrator's Signature Date