

**SICK LEAVE DONATION AGREEMENT**

I, \_\_\_\_\_, \_\_\_\_\_, employed by  
Donating Employee's Name                      Banner ID

\_\_\_\_\_ wish to donate \_\_\_\_\_ days/hours of sick leave to  
Institution

Employee To Whom Donating Leave \_\_\_\_\_, \_\_\_\_\_  
Banner ID

I understand the following:

- (1) I must currently have 20 days of accrued sick leave.\*  
(Example: 20 x 7.5 accrual rate = 150.0)
- (2) I must agree to donate a minimum of 5 days of accrued sick leave.\* ( Example: 5 x 7.5 =37.5)
- (3) I may not donate more than one -half of my sick leave balance at the time of transfer.  
(Example: ½ x 150.0 hours = 75.0 hours)
- (4) I may not donate more than 90 days of accrued sick leave during my employment with this institution/school.
- (5) I agree that any unused sick leave which I have donated to the employee stated above will be transferred to the Sick Leave Bank.

\*The accrual rate is based on my percentage of employment.

I am donating this leave of my own free will and have not been unduly influenced in any manner to make this contribution.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

