



*Suffolk Public Schools*  
*Office of Human Resources*

**LEAVE DONATION FORM**

I have reviewed the School Board Policy governing Sick Leave Donation and Transfer and understand the purpose of the policy.

By my signature below, I am donating \_\_\_\_\_ days\* from my current sick leave balance to my fellow employee, \_\_\_\_\_.

**\*cannot exceed 5 days**

<b>Name</b>	<b>ID#</b>
<b>Position</b>	<b>Phone</b>
<b>School/Office Location</b>	
<b>Signature</b>	<b>Date</b>

I understand that my contribution is voluntary and that once my colleague returns to work or separates employment, any unused donated leave will be donated to the sick leave band. I further understand that my contributed days will be deducted the month following my donation request and will be reflected in the sick leave balance on the subsequent paycheck.

<b><u>Return this form to the Human Resources Department</u></b>	
<b>Date Received:</b> _____	
<i>For HR Use Only:</i>	
<b>Contributing Employee:</b>	
<b>Name:</b> _____	<b>Days Donated:</b> _____
<b>Receiving Employee:</b>	
<b>Name:</b> _____	<b>School/Dept.:</b> _____