



SICK LEAVE DONATION FORM

Donor Employee Name: _____

Title: _____

Department: _____

Hours Donated: _____ (Donations must be in increments of 8 hours. A maximum of 80 hours may be donated each fiscal year unless you are retiring or have been terminated)

My signature indicates my authorization to reduce my sick leave balance by the hours shown and donate those hours to the Frio County Sick Leave Pool and that I have read and understand the Frio County Sick Leave Policy. I understand that while in some cases, my donated sick time may be retrieved if my remaining regular sick leave is exhausted during this financial year, this will not be possible if the time has already been used by an eligible employee.

Donor Employee Signature and Date

TO BE COMPLETED AND INITIALED BY THE FRIO COUNTY HUMAN RESOURCES OFFICE:

Please initial the following once complete.

_____ Verify donor's sick leave balance will accommodate sick leave donation

_____ If eligible, process donation transaction,

_____ Donation Approved

_____ Donation Denied

Explanation for denial:

Signature and Date