Shared Leave Program
DONOR TRANSFER CERTIFICATION
Participation Limited to Designated Enrollment Period
(October 6, 2008 - November 7, 2008)

Name of Donor (Print) _____Employee ID # _____

Department _____Phone # _____

I wish to donate _____ hours of sick leave (8 hour minimum) to be used as part of the Shared Leave Program. This is a one time donation made during the enrollment period to be effective for January 1, 2009 through December 31, 2009.

An employee who donates leave must retain a combined total of 40 hours of leave in his/her own annual and sick leave accounts (pro-rated for part-time employees).

I agree that my donation is strictly voluntary. I agree that the transfer hours have already been accrued. I agree that after my leave donation has been charged against my balance, it is irrevocable and **cannot be withdrawn**.

_____ _____
Signature of Donor Date

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FOR USE BY THE DONATED LEAVE CERTIFICATION COMMITTEE

_____ Transfer approved _____ Transfer not approved

This is to advise you that your request to donate sick leave time cannot be accepted due to the following reason(s):

_____

_____

_____

_____

_____ _____
Signature of Authorizing Official Date