

**Agnes Scott College**  
**REQUEST FOR SICK LEAVE DONATION**

**Part I {to be completed by Employee}**

Name \_\_\_\_\_

I am requesting \_\_\_\_\_ hours (maximum 160) of sick leave donation for the following reason:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Employee Signature* \_\_\_\_\_  
*Date*

\*\*\*\*\*

**Part II {to be completed by Supervisor}**

- I recommend approval of this request
- I do not recommend approval of this request (please explain)

\_\_\_\_\_  
*Supervisor Signature* \_\_\_\_\_  
*Date*

\*\*\*\*\*

**Part III (to be completed by the Office of Human Resources)**

If this request is not in relation to a request for FMLA please attach a statement from your attending healthcare provider, which includes a description of the serious health condition and your expected date to return to work.

This request is:

- Approved
- Not approved
  - Has not been employed fulltime for 12 continuous months
  - Has not exhausted all sick days and/or has more than 40 hours of vacation time accrued
  - Does not meet the definition of a serious health condition under FMLA
  - Work-related illness/injury
  - Has not provided requested medical documentation
  - Supervisor's comments
  - Other \_\_\_\_\_

\_\_\_\_\_  
*Human Resources Signature* \_\_\_\_\_  
*Date*