

**WAKULLA COUNTY SCHOOL DISTRICT**  
**VOLUNTARY SICK LEAVE DONATION FORM**



**A. DONOR CONDITIONS:**

- (1) Donor must be employed with the WCS consecutively for at least one year in a position which earns sick leave.
- (2) Donor shall have no less than 100 hours of sick leave available.
- (3) Donor may not donate more than 90 hours of sick leave per contract year.

**B. TRANSFER CONDITIONS:**

- (1) Employee receiving donated hours must have been an employee with the district continuously for one (1) full contract year.
- (2) Employee receiving donated hours must have exhausted all of their accrued sick leave.
- (3) Employee receiving donated hours may receive a maximum of 90 days. (Day is defined by employee's classification.)
- (4) Donated hours have no terminal value.
- (5) Employees receiving donated hours will not continue to accrue sick leave days to their balance.
- (6) Donated hours will be used in the order of the donation. Any unused balance will be returned in the same manner.

**TO BE COMPLETED BY DONOR**

I. Donor Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
School/Department: \_\_\_\_\_ Position: \_\_\_\_\_  
Number of Hours to Donate: \_\_\_\_\_

II. Name of Employee Receiving the Donation: \_\_\_\_\_  
School/Department: \_\_\_\_\_ Position: \_\_\_\_\_

III. I have read the information above and I understand that this transaction is irrevocable.

\_\_\_\_\_  
Donor Signature Date

\_\_\_\_\_  
Recipient Signature [Attach Health Care Provider Note.] Date

STATE OF FLORIDA  
COUNTY OF WAKULLA

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_.

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Notary

**FOR OFFICIAL USE**

Confirmation of Employee on Leave: \_\_\_\_\_

Confirmation of Donor's sick leave balance: \_\_\_\_\_ Prior donations: \_\_\_\_\_

\_\_\_\_\_  
Signature/Date