

**REQUEST FORM FOR
AUTHORIZED DONATION OF SICK LEAVE TO A FAMILY MEMBER**

Date: _____

Receiving Employee Information:

Name: _____

Personnel Number: _____

Work Location: _____

Telephone: _____

Home Address: _____

Number of Days Requested: _____

Date of Absence for Donated Sick Leave: From _____ through _____

Relationship to Donating Employee: spouse child parent sibling

Agreement and Authorization of Receiving Employee:

I agree to accept the donation of sick leave days as authorized by my family member listed below. In the event I do not use all the donated leave, any remaining balance shall be returned to my family member.

Signature

Date

Donating Employee Information:

Name: _____

Personnel Number: _____

Work Location: _____

Telephone: _____

Home Address: _____

Number of Days Requested: _____

Date of Absence for Donated Sick Leave: From _____ through _____

Relationship to Receiving Employee: spouse child parent sibling

Certification of Donating Employee:

I certify that I hereby donate the above number of my sick leave days to the receiving employee listed above. The Orange County Public Schools is authorized to transfer the indicated number of sick leave days to the receiving employee for his/her use for leave pursuant to School Board Policy governing the use of sick leave as defined in the Guidelines for Authorization and Donation of Sick Leave to Relatives. It is my understanding that my sick leave balance will be reduced by the specified number of days hereon and that the donated days will not be returned to me except as noted in the Guidelines.

Signature

Date

Falsification of this document is subject to disciplinary action up to and including dismissal.

Return the original Request Form for Authorized Donation of Sick Leave along with a copy of the Request For Leave of Absence Form (if absence is over 10 days) to the Payroll Services.

DONATED SICK LEAVE TO AUTHORIZED FAMILY MEMBERS

Policy:

1. A district employee may authorize his/her spouse, child, parent, or sibling who is also a district employee to use sick leave that the authorizing employee has accrued. The recipient shall not use the donated sick leave until all of his/her sick leave has been depleted, excluding sick leave from the Sick Leave Bank, if the recipient is a member of the bank.
2. The terms and conditions that govern the administration and use of the Authorized Donation of Sick Leave to Family Members shall be those set forth in the District guidelines for donation of sick leave to family members.
3. Donated sick leave under this policy shall have no terminal pay value as provided in Florida Statutes 231.40(3).

The following forms must be completed prior to the use of any donated sick leave.

<u>NAME OF FORM</u>	<u>COMPLETED BY</u>	<u>SIGNED BY</u>	<u>SENT TO</u>
Request Form for Authorized Donation of Sick Leave to a Family Member	Receiving employee and Donating employee	Receiving employee and Donating employee	Payroll Services
Request for Leave of Absence if absence is over 10 days	Receiving employee	Receiving employee	Employment Services with a copy to Payroll Services
Certificate of Absence	Receiving employee	Receiving employee	Receiving employee's work site