



# Sick Leave Donation Form

Gulf Coast Community Action Agency Inc. has implemented a sick leave program allowing employees to donate sick leave time to another employee who is experiencing a hardship. (Donations cannot be made to relatives). The minimum donation is 4 (four) hours and the maximum donation is 24 (twenty-four) hours.

I hereby voluntarily request to transfer \_\_\_\_\_ hours of sick leave to the account of:

\_\_\_\_\_  
Name of Recipient

\_\_\_\_\_  
Employee Number

### Nature of Donation

1. \_\_\_\_ Staff is experiencing a medical emergency requiring prolonged absence from work including intermittent absences related to the same illness or condition.
2. \_\_\_\_ Staff is caring for an immediate family member which is experiencing a medical emergency requiring a prolonged absence from work

Donating Staff Name: \_\_\_\_\_

Employee number \_\_\_\_\_ Phone/Extension \_\_\_\_\_ E-mail \_\_\_\_\_

Donating Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Administration Use Only

#### APPROVAL:

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date