

SPARTANBURG SCHOOL DISTRICT FIVE DONATION OF LEAVE FORM

DONOR INFORMATION

Donor Employee's Name: _____

Donor Employee's Department/School: _____

Under Board Policy GCCAAA, Donation of Leave, employees may donate sick leave to others, who have exhausted his/her accrued sick leave.

- Donating employees must have accumulated in excess of 12 sick leave days to be eligible to donate.
- Once the request to donate leave has been made and approved it is irrevocable.
- The recipient of donated leave must have completed the appropriate information and been approved to receive donated leave.

I would like to donate _____ sick leave days (**maximum 6 days per year**) to:

Recipient Employee's Name: _____

Recipient Employee's Department/School: _____

By my signature below, I certify that I have read the Spartanburg School District Five Donation of Leave policy, GCCAAA, and understand that once the request has been approved, I cannot revoke my decision. I, hereby donate sick leave to the above named employee in the amount indicated in accordance with the eligibility requirements that are outlined in the Donation of Leave Policy.

Employee Signature

Date

RETURN COMPLETED FORM TO DIRECTOR OF PERSONNEL

DISTRICT OFFICE USE ONLY

In accordance with the Donation of Leave Policy, your request to donate leave is:

Approved Denied Reason: _____

Donor's current Sick Leave Balance: _____

Leave Days Donated: _____

Donor's new Sick Leave Balance: _____

Personnel Director's Signature

Date