



## Medical Leave Donation Form (Policy 108.11)

Employee Name (Donor): \_\_\_\_\_

Employee Department (Donor): \_\_\_\_\_

Date: \_\_\_\_\_

Current sick leave balance: \_\_\_\_\_

Current vacation leave balance: \_\_\_\_\_

**I am donating:**

\_\_\_\_\_ hours of my current sick leave

\_\_\_\_\_ hours of my current vacation leave

**to:**

Employee Name (Recipient): \_\_\_\_\_

Employee Department (Recipient): \_\_\_\_\_

*I have read and understand North Augusta Personnel Policy 108.11 Medical Leave Sharing. I understand that this leave donation is irrevocable.*

Employee Signature (Donor): \_\_\_\_\_

Date: \_\_\_\_\_



## Approval

### Director of Donor

Approved? Y / N

Explanation of Denial (if applicable):

---

---

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Director of Recipient (if different)

Approved? Y / N

Explanation of Denial (if applicable):

---

---

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Manager of Human Resources

Approved? Y / N

Explanation of Denial (if applicable):

---

---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_