THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

COMPASSIONATE SICK LEAVE DONATION PROGRAM (Donor Form)

School Board Policy provides for an Osceola County Schools employee to donate accrued sick leave to another employee provided the recipient will be absent for a qualifying reason (cannot be used for personal leave charged to sick leave), has used all of the employee's paid sick and/or vacation leave and has submitted the necessary paperwork to Human Resources.

To donate sick leave to another employee, complete and email this form to Human Resources. You will receive a confirmation upon receipt of your form.

ection I: Donor (<u>Employee Donating Sick Leave Da</u>	ys)		
	District ID Number		
Employee Donor Name	District ID Number	School/Department	
 Number of <u>days</u> being donated (minimum of 1 day School Board Rule requires that donor employe (10) days of available sick leave after the sick leave Check box if you are related to the recipient: I authorize the transfer of the above stated amoun employee named below. For Sick Leave Bank Men Leave Bank, in the event I should need to make a w deducted from the maximum days that I am eligible 	ees of sick leave donated shall eave donation is deducted. to of sick leave from my sick lea mbers only: I understand that ij vithdrawal, any time donated to	ve balance to the recipient f I am a member of the Sick	
Signature		Date	
ction II: Recipient (Employee to Whom You Would	d Like to Donate Sick Leave)		
Recipient Employee's Name	Sch	ool/Department	
For Huma	n Resources Use Only		
Date form received:	Time verified: Approved	_ Time verified: Approved 🔲 🛛 Denied 🗌	
Transferred days from donor to recipient:	Comments:		
Notified Donor:			
Notified Recipient:	ate Processed: Init	ialed:	
riginal: Human Resources Copy: Dept/School An Equ	al Opportunity Agency	FC-120-2561 (02/08	