

**DIRECT GRANT OF SICK LEAVE
Information for Employees**

1. You may make a direct grant of up to 40 hours of your personal sick leave to another employee.
2. You may not make a direct grant if it would reduce your personal sick leave balance to less than 40 hours.
3. If some or all of your direct grant is not used or is refused, those hours will be returned to your personal sick leave balance.
4. To make a direct grant, complete and sign Section I of this form. Return the form to the Human Resources Department.

SECTION I (To be completed by the Donor Employee)

I wish to donate _____ hours of my personal sick leave to:

Name of Recipient Employee

My Name (Print or Type)

Recipient employee's Department

My Department

Work Number

Signature

SECTION II (To be completed by Human Resources Department)

1. The employee making this direct grant will not reduce his or her personal sick leave balance below 40 hours
2. The employee has not contributed more than 40 hours of personal sick leave in the past 12 months.
3. The employee's personal sick leave balance will be debited by _____ hours as of the pay period ending _____.

Authorized Signature

Date

SECTION III (To be completed by Recipient Employee)

Agreement To Accept

I agree to accept _____ hours of sick leave from this donor for personal use. Pursuant to County Policy.

Employee Signature

Date

*** The minimum balance for a part-time employee shall be prorated ***