

SICK LEAVE TRANSFER AUTHORIZATION

DATE: _____

I, _____ (Donor),

Employee I.D # _____, assigned to the _____

Department, voluntarily desire to transfer _____ hours of
unused, accumulated sick leave from my account to the account of _____ (Recipient).

No coercion, threats or promises were made to me for the purpose of this solicitation.

DONOR SIGNATURE

HUMAN RESOURCES DEPARTMENT AUTHENTICATION

This request was processed on _____, and _____
hours of sick leave were transferred from the account of the donor to the recipient.

SIGNATURE – HUMAN RESOURCES SPECIALIST

APPENDIX B