

Indiana State University
VOLUNTARY SICK LEAVE DONATION AGREEMENT
Effective July 1, 2015

Donor's Name: _____ Donor's University ID _____

Recipient's Name* _____ University ID _____

*If more than one employee listed, hours must be divided equally.

Number of hours being donated: _____

(If the hours donated exceed 2 weeks, you must complete two forms; only two weeks may be donated on a single form.)

I understand the following:

- I may transfer up to **four (4) weeks** per fiscal year.
- I must have a remaining balance of at least **two (2) weeks** of accrued sick leave after the transfer.
- I may not ask or expect the recipient to transfer time should I need additional sick leave in the future.
- This transfer is irrevocable.
- The recipient of my sick hours must have current FMLA paperwork on file or, if not eligible for FMLA, must have a verified Medical Leave form.
- The recipient must have used all balances of sick leave, vacation and convenience day (if applicable).

I am donating this leave of my own free will and have not been unduly influenced in any manner to make this contribution.

Donor's Signature

Date

FOR HUMAN RESOURCES/PAYROLL USE ONLY (Record all data in hours)

Is recipient benefits eligible employee? Yes _____ No _____

Does recipient have a current FMLA or Medical condition on file? Yes _____ No _____

Payroll transfer Date: _____

Donor's balance at time of transfer: _____

Approved HR: _____ Date: _____

Processed/Payroll: _____ Date: _____

Distribution: copy Recipient's file copy Donor's File