



**PASCO COUNTY SCHOOLS
Voluntary Sick Leave Donation
(Donor Form)**

MIS Form #364
9/15

**Human Resources and Educator Quality
7227 Land O' Lakes Boulevard, Land O' Lakes, FL 34638**

**Click Submit Button to
Email Form to Leaves
Administration**

School Board Policy and the Collective Bargaining Agreements provide for a Pasco 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 his/her paid sick and/or vacation leave and has submitted the necessary paperwork to Leaves Administration, HREQ.

To donate sick leave to another employee, complete and email this form to Leaves Administration, HREQ at myleaves@pasco.k12.fl.us. Leaves Administration will email you a confirmation upon receipt of your form.

Section I: Donor (Employee Donating Sick Leave Days)

Employee Donor Name

MUNIS ID Number

School/Department

Number of **days** being donated (minimum of 1 day increments):

Check box if you are related to the recipient:

I authorize the transfer of the stated amount of sick leave from my sick leave balance to employee named below.

Signature **(Electronic Signature Accepted)**

Date

Section II: Recipient (Employee to Whom You Would Like to Donate Sick Leave)

Recipient Employee's Name

School/Department

For Leaves Administration, HREQ Use Only

Date paperwork received: _____ Time verified: _____

Transferred days from donor to recipient: _____

Confirmation emailed: Donor _____ Recipient _____

Comments _____

Date Processed: _____ Initialed: _____