

DISTRICT SCHOOL BOARD OF PASCO COUNTY

MIS Form #309 Rev. 2/02

Employee Sick Leave Transfer Request

School Board Policy GBBD and the Collective Bargaining Agreements provide for a district employee to transfer accrued sick leave to his/her spouse, child, parent, or sibling who is also a district employee provided the recipient will be absent for a qualifying reason (cannot be used for personal leave charged to sick leave) and has used all of his/her accumulated sick and vacation leave.

Directions:

- 1. Donor completes form and obtains recipient's signature at bottom of Section II.
- 2. Donor forwards form to Human Resources.
- 3. Human Resources processes and distributes copies.

Section I: Employee Donating Sick Leave Time		
Donating Employee's Name	Social Security Number	School/Department
Number of hours being donated (minimum of 1/2 day increments)		
I authorize the transfer of the stated amount of sick leave from my sick leave balance to my relative named in Section II of this agreement.		
Signature	Date	<u> </u>
Section II: Employee Receiving Sick Leave Time		
Recipient Employee's Name	Social Security Number	School/Department
Number of <u>hours</u> being received	Relationship to the donor	
I authorize the stated amount of sick leave to be transferred from my relative (named in Section I) to my sick leave balance.		
Signature	Date	

DISTRIBUTION:

White - Human Resources Department

Canary - Recipient

Pink - Donor

For Human Resources Use Only

Date Processed: ______ Initialed: