



**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**

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](mailto:myleaves@pasco.k12.fl.us). Leaves Administration will email you a confirmation upon receipt of your form.

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**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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Recipient Employee's Name

\_\_\_\_\_  
School/Department

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**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: \_\_\_\_\_