

# DIRECT SICK LEAVE GRANT FORM

## INFORMATION FOR EMPLOYEES

1. To make a direct grant, complete and sign section I of this form and return it your agency's payroll office.
2. You may directly grant up to 60 hours per year of your personal sick leave to another state employee and do not have to be a member of the Sick Leave Fund to do so. However, your personal sick leave balance must be at least 40 hours after you make your grant.
3. If some or your entire direct grant is not needed or accepted, those hours will be returned to your personal sick leave balance.

## SECTION I (to be completed by donor)

I wish to donate \_\_\_\_\_ hours of sick leave to

\_\_\_\_\_  
recipient's name

\_\_\_\_\_  
recipient's social security#                      recipient's ID#

\_\_\_\_\_  
recipient's agency

\_\_\_\_\_  
donor's name (please print)

\_\_\_\_\_  
donor's agency                      donor's phone number

\_\_\_\_\_  
donor's social security#                      donor's ID#

\_\_\_\_\_  
donor's signature                      date

## SECTION II (to be completed by donor's agency)

Pursuant to the Sick Leave Fund Policy, I certify the above named donor employee has a sick leave balance of at least 40 hours after making this direct grant and that the employee has not contributed more that 60 hours of sick leave in the past 12 months.

The donor's sick leave balance has been debited by \_\_\_\_\_ hours on pay period ending \_\_\_\_\_.

\_\_\_\_\_  
donor agency payroll clerk's signature                      date                      agency code

## Section III (to be completed by recipient's agency)

Pursuant to the Sick Leave Fund Policy, I certify the above named recipient employee is eligible to receive a direct sick leave grant. I also certify that the employee's supervisor has approved a leave of absence and my agency director or designee has approved the receipt of this direct sick leave grant.

Our agency has accepted \_\_\_\_\_ hours of sick leave, which were credited to the recipient employee's account on pay period ending \_\_\_\_\_.

\_\_\_\_\_  
agency payroll clerk's signature                      date                      agency code

## SECTION IV (to be completed by recipient's agency payroll office if necessary)

\_\_\_\_\_ hours of sick leave are not accepted and should be credited to the donor's account.

\_\_\_\_\_  
agency payroll clerk's signature                      date                      agency code

**State Personnel Division:** date input \_\_\_\_\_ initials \_\_\_\_\_