**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 to 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)**

<table>
<thead>
<tr>
<th>I wish to donate ____________ hours of sick leave to</th>
<th>________________ donor's name (please print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________ recipient's name</td>
<td>donor's agency ___________________________</td>
</tr>
<tr>
<td>recipient's social security#</td>
<td>recipient's ID#</td>
</tr>
<tr>
<td>________________ recipient's agency</td>
<td>donor's name (please print)</td>
</tr>
<tr>
<td>donor's social security#</td>
<td>donor's ID#</td>
</tr>
</tbody>
</table>

**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 than 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 _____________.**


Revised 10-22-04