Request to Donate Accrued Sick Leave  
Per Employee Policy Manual, 5.17 Shared Sick Leave

**Definition:**
“Shared Sick Leave Program (SSLP)” means a program of anonymously donated hours for an employee who has exhausted all other forms of paid leave due to the employee’s (or family member’s) FMLA qualifying absence *(for example: an employee who is suffering from, or who has an immediate family member suffering from, an extraordinary or severe illness, injury or physical or mental condition which caused, or is likely to cause, the employee to take leave without pay or to terminate his/her employment).*

**Donation of Hours:**
An employee may donate sick leave hours as follows:

- **a.** Employees wishing to donate leave hours may do so any time during the calendar year. A quarterly accounting of hours in the leave bank will be compiled by the Human Resources Department. If at any time the sick leave bank contains less than one hundred (100) hours, a call for donations will be sent out by Human Resources. Donations to the Shared Leave Bank will be anonymous and must be submitted on the Shared Sick Leave Donation form.

- **b.** Donating full-time employees must maintain a sick leave balance of no less than one hundred-eighty (180) hours. Employees with less than one hundred-eighty (180) hours of accrued sick leave or whose proposed donation would result in the employee having less than one hundred-eighty (180) hours of accrued sick leave may not donate any of the employee’s accrued sick leave to this shared leave program. For separating employees, an employee may only donate as much leave as they could actually use between the time they request to donate and their last day with the City.

- **c.** Donation of sick leave is strictly voluntary.

Donated sick leave hours must be used within the calendar year or they will be returned to the donors on a pro rata basis.

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**The following Donation Form must be signed and returned to Human Resources to voluntarily donate accrued sick leave.**
Shared Sick Leave Donation Form  
Per Employee Policy Manual, 5.17 Shared Sick Leave

In accordance with the City’s Shared Sick Leave Program (SSLP), I wish to voluntarily donate leave as follows:

Number of Sick Leave Hours donated: ______________

Donating employee must have at least 180 hours of accrued sick leave. At no time shall a leave transfer result in the donor employee reducing his/her sick leave balance to less than 180 hours.

Name of donating employee: ________________________________

Signature of donating employee: ________________________________

Date of request: ________________________________

Notice:

- This form must be submitted to Human Resources
- Donating employees will be notified of when the leave will be processed.

HR OFFICE USE:

Date Request to Donate Received: ______________
Employee Sick Leave Balance Verified: ______________
✓ Original to File and Copy to Payroll