

**Section 15.08 Appendix H – Sick Leave Donation Form**

**Employee Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Leave Recipient's Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Acknowledgement of Program Terms (please initial):**

\_\_\_\_\_ I certify that I will retain a balance of at least eighty (80) hours of accrued sick leave after this donation is made.

\_\_\_\_\_ I understand that donating leave is voluntarily, and that any donated, but unused, leave shall not be returned to me.

**Donor Certification:**

I, \_\_\_\_\_, voluntarily agree to donate a portion of previously accrued sick leave. I do this solely to assist a fellow employee of the City of Pataskala, and I have not been coerced, intimidated, or financially induced into donating this leave. I do so freely and without reservation. I further understand that the person, to whom I am donating this leave, is under no obligation to repay this gift. Furthermore, I understand that all donated leave time will remain the property of the receiving employee, and that I will not be able to recover any time which is unused because the need of the recipient has concluded.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Administrator Approval

\_\_\_\_\_  
Date

**Finance Dept. Use Only:**

**Date Form Received:** \_\_\_\_\_ **Donor Current Leave Balance:** \_\_\_\_\_

**Post-Donation Donor Leave Balance:** \_\_\_\_\_ **Approved (circle one):** Yes No

**Date Posted to Payroll:** \_\_\_\_\_