

The School District of Hernando County

**AUTHORIZATION FOR DONATION OF SICK LEAVE
TO A FAMILY MEMBER**

Name of employee donating sick leave hours _____

Employee I.D. _____ Work site _____

Employee to receive the donated sick leave hours _____

Check one**: spouse _____ child _____ parent _____ sibling _____

*** A district employee may authorize his or her spouse, child, parent, or sibling who is also a district employee to use sick time that has accrued to the authorizing employee. Donations may not be made to step-parents, step-children or in-laws.*

Employee I.D. _____ Work site _____

Number of hours that will be donated* _____

Hours to be used from _____ to _____ (within a payroll period)

The recipient may not use donated sick time until all of his or her sick leave has been depleted, excluding sick leave from a sick leave pool. The recipient must provide documentation, by the treating physician, of the illness, accident or injury for which the leave is authorized. Hours received are not eligible for terminal pay.

By signing below I certify that the familial relationship is true and correct. I further understand that if I misrepresent the relationship, I will be in violation of School Board Policy and may be subject to appropriate discipline.

Signature of employee donating sick leave hours _____ Date _____

For office use only:

Payroll _____

Date _____

Run _____