



# SICK LEAVE TRANSFER

## REQUEST TO DONATE

### Part I - Request to Donate Sick Leave Hours - Donor Information

I certify that I have read and understand the requirements and provisions of the LW Charter Schools Sick Leave Pool Policy, and that I am eligible and willing to donate my personal sick leave credits as specified below. I further understand that the donated sick leave credits will be **permanently** deducted from my sick leave balance at the end of the pay period and if unused, will be returned.

Print Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

School: \_\_\_\_\_

Work Telephone Number: (\_\_\_\_) \_\_\_\_\_

Home/Cell Number: \_\_\_\_\_

I authorize my employer to transfer \_\_\_\_\_ hours of sick leave to the following recipient (minimum of 8 hours).

Signature

Date

### RECIPIENT INFORMATION

Recipient's Name: \_\_\_\_\_

Position Title (if known): \_\_\_\_\_

School: \_\_\_\_\_

Employee ID # (if known): \_\_\_\_\_

### Part II - For Personnel Office(s) Use

#### Recipient's Information

Date: \_\_/\_\_/\_\_\_\_

#### Send To:

Sick Leave Transfer (SLT) Plan Administrator (SLT)  
Personnel Office/Human Resources

School \_\_\_\_\_

Telephone: \_\_\_\_\_ (alternate) \_\_\_\_\_

Fax: \_\_\_\_\_ (alternate) \_\_\_\_\_

Hours Credited: \_\_\_\_\_ PPE: \_\_/\_\_/\_\_\_\_

Hours Credited: \_\_\_\_\_ PPE: \_\_/\_\_/\_\_\_\_

Hours Credited: \_\_\_\_\_ PPE: \_\_/\_\_/\_\_\_\_

Approved Per Criteria  Disapproved Per Criteria

SLT Administrator's Signature: \_\_\_\_\_

Print SLT Administrator Name: \_\_\_\_\_

#### Donor's Information

Date: \_\_/\_\_/\_\_\_\_

#### Send To:

Sick Leave Transfer (SLT) Plan Administrator  
Personnel Office/Human Resources

School \_\_\_\_\_

Telephone: \_\_\_\_\_ (alternate) \_\_\_\_\_

Fax: \_\_\_\_\_ (alternate) \_\_\_\_\_

Hours Charged: \_\_\_\_\_ PPE: \_\_/\_\_/\_\_\_\_

Approved  Disapproved

SLT Administrator's Signature: \_\_\_\_\_

Print SLT Administrator's Name: \_\_\_\_\_