

GCCG-EB

EXHIBIT

PROFESSIONAL / SUPPORT STAFF  
VOLUNTARY TRANSFER OF  
ACCRUED SICK LEAVE

DONOR FORM

Please complete the following information and submit it to the payroll secretary who will confirm available leave for donation. The payroll secretary will then forward it to the Voluntary Sick Leave Donation Program Committee for their action.

\_\_\_\_\_  
Name of Donor

\_\_\_\_\_  
Department/School

I offer to donate \_\_\_\_\_ days to:

\_\_\_\_\_  
Name of person to whom you wish  
to donate sick leave

\_\_\_\_\_  
Department/School

\_\_\_\_\_  
Signature of Employee Making Donation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

.....  
Number of Days Donated: \_\_\_\_\_

Amount of Leave Returned to Employee's Sick Leave Account: \_\_\_\_\_

Committee Approval: \_\_\_\_\_

Payroll Approval: \_\_\_\_\_