



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: __/__/____

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Hours Credited: _____ PPE: __/__/____

Approved Per Criteria Disapproved Per Criteria

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: _____