EMPLOYEE REQUEST TO MAKE A DIRECT DONATION - RDD

PART I - to be completed by Donor Employee

Donor’s Name_____________________________ Employee ID Number_____________________________
Building_____________________________ Work Telephone Number_____________________________
I hereby donate ________ days (must be even number, 2 days of donor time = 1 day to recipient) of sick leave to:
Recipient’s Name_____________________________ Recipient’s Building_________________________

I understand that in order to donate leave I must donate unused accumulated annual sick leave. I understand that my annual sick leave balances will be reduced by the number of days donated as indicated above.

If requested by the recipient:
You _______ may release _______ may not release my name and donation information to the recipient.
You _______ may contact _______ may not contact me if additional days are needed.

___________________________________________________________
Donor’s Signature Date

UPON COMPLETION, PLEASE FORWARD THIS FORM TO THE BENEFITS OFFICE.

PART II - to be completed by the District HR/Benefits Office

A. _____ Donor’s leave donation not needed at this time.
Or
B. I hereby certify the following:

Donor’s Name Donor’s daily rate of pay & effective date
has sufficient annual sick leave to cover the donation indicated in Part I, and that the above information is true and correct, and further certify that the recipient has made application and been approved for receipt of donated leave.

___________________________________________________________
Authorized Benefits Personnel Signature Date

PART III - to be completed by the District HR/Benefits Office

I hereby certify that the donor’s sick leave balance has been reduced by the following:
___________ Sick Leave Days

___________________________________________________________
Authorized Benefits Personnel Signature Date