

CANEY VALLEY BOARD OF EDUCATION		DEFA-R2
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SICK LEAVE DONATION (FORM)

Donor Full Name: _____

Recipient Name: _____

In accordance with Sick Leave Donation Policy DEFA – R1, I authorize a direct donation of my accrued sick leave to the recipient indicated above. In making this decision:

- ☐ I understand donations are strictly voluntary and available only for use by the recipient once eligibility has been confirmed by HR.
- ☐ I understand that donated sick leave will no longer be my property right and will be deducted from my sick leave balance accordingly. I further understand that this decision is irrevocable.
- ☐ I understand the policy expressly prohibits me from receiving remuneration or a gift in exchange for donating sick leave and attest that I have not and will not receive any financial payment or gift in exchange for this donation.
- ☐ I understand that the final decision to donate rests with me. Decisions made by me may affect the total number of sick days I carry over to the next year, and I understand that I must have a total of 120 days upon retirement to qualify for the extra year of service towards retirement benefits.

I agree to proceed with my donation: (Check the applicable box and include the number of days to be donated.)

- ☐ I wish to donate the following number of days: _____
- ☐ I understand that this donation may affect my TRS service if my sick leave bank falls below 120 days.
- ☐ Further, I understand that donated sick leave does not transfer to another state agency or district.

Employee Signature (Donor): _____ Date: _____

HR LEAVE MANAGEMENT OFFICE USE:

I certify the recipient is eligible to receive sick leave donation and the situation has been reviewed to determine medical emergency qualification for tax purposes.

Sick Leave Donation Eligibility:

- ☐ Yes, eligible to receive donation (Number of Days added _____ Date Processed: _____)
- ☐ Not eligible because:

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☐ Recipient has current sick leave balance ☐ Recipient has not exhausted all previously granted sick leave
☐ Recipient has not exhausted all previously donated sick leave

Signed: _____