

EACC/AFSCME SICK LEAVE EXCHANGE DONATION FORM

Donations should be received by Human Resources *two weeks* before next payroll. The use of outdated forms and incomplete and inaccurate data may result in the form being returned to the donor. Please complete parts A, B and C.

DONOR INFORMATION (Part A):

Name:	Employee ID#: <i>(Do not use SSN.)</i>
Address:	
Work Location:	Position:

DONOR SICK LEAVE INFORMATION (Part B):

Number of SICK days donated (minimum 1 day):
Number of hours worked daily (for example, 7.5 or 8):
SICK leave days available after donation: <i>(Must have at least 15 accrued days remaining after donation.)</i>

Donor's Signature: _____ Date: _____

RECIPIENT'S INFORMATION (Part C):

Name:	Employee ID#: <i>(Do not use SSN.)</i>
Work Location:	Position:

→ [] BANK DONATIONS	[] PAY DONATIONS IF ALREADY DOCKED
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EACC / AFSCME USE ONLY:

Reviewed by EACC:	Initials:	Date:
Reviewed by AFSCME:	Initials:	Date:

HUMAN RESOURCES / CCPS USE ONLY:

APPROVED _____	DENIED _____	Initials:	Date:
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Application and/or donations for certificated employees (EACC) fax form to EACC at 301-392-0151.

Application and/or donations for classified employees (AFSCME) fax form to Human Resources 301-934-7235.