

SICK LEAVE DONATION FORM

Sick leave Donations should be received by The Office of Fiscal Services-Benefits two weeks before the next payroll processes. Parts A, B and C below must be completed.

Part A: DONOR'S PERSONAL INFORMATION

Name:	Employee #:
Mailing Address:	
Work Location:	Position:

Part B: DONOR'S SICK LEAVE INFORMATION

Number of CURRENT SICK LEAVE Days:
Number of Sick Leave Days you are donating (minimum 1 day):
Number of hours you work daily (Ex: 7.5, 8):
Number of SICK LEAVE Days remaining after the donation:

Donor's Signature: _____ Date: _____

Part C: RECIPIENT'S PERSONAL INFORMATION

Name:	Employee #:
Work Location:	Position:

EACC, AFSCME and BENEFITS Department Use:

Reviewed by EACC	Initials:	Date:
Reviewed by BENEFITS	Initials:	Date:

Employees covered under the Education Association of Charles County (EACC) contract should fax their completed Sick Leave Donation Forms to the EACC at (301) 392-0151.

Employees covered under the American Federation of State, County and Municipal Employees (AFSCME) should forward their completed Sick leave Donation Forms to employeebenefits@ccboe.com.

IMPORTANT

- Employees must exhaust all their leave (sick, annual/personal) before sick leave donations can be applied to their Donation Plan account in Oracle.
- Sick Leave that remains in the Donation Plan account as of 6/30 will not roll over into the new Fiscal Year (FY).