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| **SICK LEAVE SHARING DONATION**  **Application**  Check here to request that donor’s name not be shared with recipient | |
| Name of Employee Donating Sick Leave: | Click or tap here to enter text. |
| Local Health Department: | Click or tap here to enter text. |
| Amount of Donation to be credited to Recipient: | Click or tap here to enter text. |
| Name of Employee Receiving Sick Leave:  (Recipient is in  same or  different LHD) | Click or tap here to enter text. |
| **SIGNATURES**  I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by 902 KAR 8:120, Section 11.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Click or tap to enter a date.  Signature of Donor of Sick Leave Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Click or tap to enter a date.  Signature of Supervisor Date  The above named employee has a sufficient sick leave balance to donate the hours indicated under the provisions of 902 KAR 8:120, Section 11.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Click or tap to enter a date.  Signature of Appointing Authority Date | |
| If Recipient is in a different LHD, send a copy of this form to that LHD for completion of this section:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Appointing Authority of Receiving LHD Date | |
| HR Administrator’s Initials:\_\_\_\_\_\_\_\_\_  For Office Use Only: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Receiving LHD (if different): HR Administrator’s Initials: \_\_\_\_\_\_\_\_\_  For Office Use Only: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |