



Request for and Donation of Sick Leave

Office of Human Resources
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RECEIVING SICK LEAVE CRITERIA:

- Employee must have exhausted ALL available leave. (OPA 74-840-2.23)
- Employee must currently be on FMLA status/proof of extended leave due to medical illness.
- Donated sick leave that goes unused will be forfeited by the donor and recipient. This forfeiture occurs once the recipient returns to the workplace.
- Employees may receive a lifetime maximum of 360 hours (45 days) of donated sick leave.
- Sick leave cannot be used as vacation time.

DONATING SICK LEAVE CRITERIA:

- Donated sick leave must be voluntary. This form must be completed and submitted to the Human Resources Director. Donating employees may remain anonymous.
- Employees may donate a maximum of 120 hours (15 days) of sick leave per calendar year.
- Donating employees cannot cause their sick leave balance to fall below 720 hours. (90 days).
- Donated sick leave that goes unused will be forfeited by the donor and recipient. This forfeiture occurs once the recipient returns to the workplace.

AUTHORIZATION TO REQUEST DONATIONS

I, _____, am requesting donations of sick leave due to a documented, extended health issue and the subsequent exhaustion of my own accrued sick and annual leave. By submitting this form, I understand and do hereby authorize the Office of Human Resources to request sick leave donations on my behalf and to inform donors of my identity.

Requestor Signature: _____

Date: _____

DONOR INFORMATION

Name of Donor: _____

Date: _____

Employee ID: _____

Amount of Hours Donated: _____

Name of Recipient: _____

Sick Leave Balance after donation: _____

Donor Signature: _____

Date: _____

HUMAN RESOURCES USE ONLY

Date Posted to Recipients Sick Leave Balance: _____

Initials: _____

New Balance: _____

Date Deducted from Donor's Sick Leave Balance: _____

Initials: _____

New Balance: _____