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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 DateThe 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |