

NON-FAMILY SICK LEAVE TRANSFER

Name of Recipient: _____
ID Number: _____
Number of Days to Transfer (Code 651): _____

Name of Donor: _____
ID Number: _____
Number of Days to Transfer (Code 650): _____

Signature of Donor: _____

Date: _____

Donor must retain (5) days of sick leave at the time of donation.

Leave hours must be donated in half or full day increments and used by the recipient in half or full day increments.

Send this completed form to the Payroll Department in the Murdock Center Administration Building.

PROCEDURES FOR DONATIONS

Per Florida Statutes, the recipient must provide documentation to the Payroll Department from the treating