

**Indiana State University**  
**VOLUNTARY SICK LEAVE DONATION AGREEMENT**  
Effective July 1, 2015

Donor's Name: \_\_\_\_\_ Donor's ID# \_\_\_\_\_

Number of hours being donated: \_\_\_\_\_

I understand the following:

- I may transfer up to **four (4) weeks** per fiscal year.
- I must have a remaining balance of at least **two (2) weeks** of accrued sick leave after the transfer.
- This transfer is irrevocable.
- A recipient of sick hours must have current FMLA paperwork on file or, if not eligible for FMLA, must have a verified Medical Leave form.
- A recipient must have used all balances of sick leave, vacation and convenience day (if applicable).

I am donating this leave of my own free will and have not been unduly influenced in any manner to make this contribution.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

FOR HUMAN RESOURCES/PAYROLL USE ONLY (Record all data in hours)

Is recipient benefits eligible employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Does recipient have a current FMLA or Medical condition on file? Yes \_\_\_\_\_ No \_\_\_\_\_

Payroll transfer Date: \_\_\_\_\_

Donor's balance at time of transfer: \_\_\_\_\_ YTD Donations: \_\_\_\_\_

Donations Received YTD: \_\_\_\_\_

Approved HR: \_\_\_\_\_ Date: \_\_\_\_\_

Processed/Payroll: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution:    copy Donor's File