***To be completed by the OCA donor employee when donating sick leave to another OCA employee.***

#### Donor Employee Name Division

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#### Donation Amount (whole hour increments) Date

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| --- | --- | --- |
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#### Recipient Employee Name Division

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**I understand that:**

* I may only donate to a recipient employee who works at OCA;
* Hours I donate are taken from my sick leave balance and transferred to the recipient employee. These hours cannot be reinstated;
* My donation of sick leave hours will be transferred to the recipient employee only if Payroll confirms the recipient employee has exhausted his or her sick leave, extended sick leave and leave from the sick leave pool;
* I may only donate hours of sick leave in whole hour increments;
* At the time of separating from employment, I may donate my entire sick leave balance to the recipient employee;
* My donated sick leave hours are considered used and cannot be restored if I am subsequently re-employed by a state agency;
* My donation of sick leave is voluntary. I have not been coerced or otherwise persuaded to donate this sick leave; and
* I have received no compensation, gift, or other benefit in exchange for my sick leave donation.

**[ ]** I wish to donate the Donation Amount of hours specified above from my accrued sick leave to the recipient employee specified above.

|  |  |
| --- | --- |
| Employee Signature | Date |

***For HR Use:***

***[ ]*** *Recipient confirms they accept transfer of donated sick leave.*