



Sick Time Donation Request Form

Please review the following guidelines and process for donating (refer to the Employee Handbook for more information):

- The donating employee must have at least 77.5 sick hours in their available sick time balance prior to making a donation. Donations must be in full day increments (i.e. 7.75 hours for Staff and 8 hours for CBU).
- The maximum sick time an employee may donate to an individual is the equivalent of three days, per FMLA designation. However, donations cannot result in the donors sick time balance falling below 77.5 hours.
- The receiving employee must be on an approved Family Medical Leave (FMLA) leave of absence designation through Employment Services.
- The receiving employee must have exhausted their current time off balances.
- The maximum sick time an employee may receive is equivalent to three weeks based upon their FTE at the time their leave of absence was established. Additionally, the employee may only receive this maximum donation once per FMLA designation.

EMPLOYEE INFORMATION:	
Employee Name (First, Middle Initial, Last):	Macalester ID #:
Job Title/ Department:	Employee Telephone Number: CELL HOME
Supervisor Name:	Supervisor Phone Number:

VACATION DONATION INFORMATION:	
_____ - # of sick time hours to be donated	
Name of Employee Receiving Donation:	Do you wish to donate these hours anonymously? - Yes - No

DONOR AUTHORIZATION:	
I request that the above-specified number of sick hours be transferred to the named recipient's sick time balance. I hereby certify that this request is made voluntarily. I was not coerced, intimidated or financially induced into donating leave. By signing I hereby relinquish all rights to the sick hours shown above and the benefits accruing to or attached to the same. I understand that the donation of sick hours is irrevocable and irreversible and that no sick hours will be refunded to me. I understand that this donation does not create any tax deduction for me. I certify that I have a remaining balance two weeks or more of sick time (prorated by FTE) after making this donation.	
Signature Employee Donating Sick Time: _____	Date _____

FOR EMPLOYMENT SERVICES USE ONLY:			
Hours Being Donated:			
Comments:			
Entered By:		Date:	

COMPLETE AND RETURN THIS FORM TO EMPLOYMENT SERVICES