

The School Board of Gadsden County



ELIJAH KEY

SUPERINTENDENT OF SCHOOLS

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DONATION OF SICK LEAVE

(Please submit to the Finance Department – Leave Section)

A. DONOR CONDITIONS:

1. Donor must be employed with the GCSB consecutively for 1 year in a position which earns sick leave.
2. Donor must have no less than 100 hours of sick leave available.
3. Donor must not donate more than 90 hours of sick leave per contract year.

B. TRANSFER CONDITIONS:

1. Employee receiving donated days must have been an employee with the district continuously for one (1) full contract year.
2. Employee receiving donated days must have exhausted all of their accrued sick leave.
3. Employee receiving donated days may receive a maximum of 90 days. (Day is defined by employee’s classification)
4. Donated days have no terminal value.
5. Employees receiving days will not continue to accrue sick leave days to their balance.
6. Donated days will be used in the order of the donation. Any unused balance will be returned in the same manner.

Donor’s Name _____

Last 4 digits of SS# _____ School/Dept. _____

Recipient’s Name _____

Last 4 digits of SS# _____ School/Dept. _____

I, _____ (Donor), donate ____day(s) of my sick leave to the recipient named above, who is my spouse child parent sibling designated person who is also a district employee.

I, _____ (Recipient), understand I must use all my sick leave before the donated days are used and that donated days have no terminal pay value. My doctor’s verification is attached. **I understand I may not draw days from a sick leave pool until I have used unpaid leave for the number of donated days.**

NOTE: Any unused donated sick leave will be dissolved upon termination of recipient. Donated sick leave has no terminal pay value.

Donor’s Signature

Date

Recipient’s Signature

Date

FOR OFFICIAL USE

APPROVED DENIED

By: _____
Director of Personnel/Designee Date

APPROVED DENIED

By: _____
Business and Finance/Designee Date