The School Board of Gadsden County



REGINALD C. JAMES

SUPERINTENDENT OF SCHOOLS

DONATION OF SICK LEAVE

35 MARTIN LUTHER KING, JR. BLVD QUINCY, FLORIDA 32351 TEL: (850) 627-9651 FAX: (850) 627-2760 http://www.gcps.k12.fl.us

(Please submit to the Finance Department – Leave Section)

A. DONOR CONDITIONS:

- 1. Donor must be employed with the GCSD 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/D | | | | |
| I, | (Donor), | donate | _ day(s) of | my sick leave to | the recipient | named above, who |
| is my spouse [| child parent | Sibling | design | nated person who | is also a distr | ict employee. |
| I, | (Recipie | nt), underst | and I must | use all my sick l | leave before th | ne donated days are |
| used and that donate | ed days have no terr | minal pay v | alue. My do | octor's verification | on is attached. | I understand I may |
| not draw days from | a sick leave pool ur | ntil I have u | sed unpaid | leave for the nun | nber of donate | d days. |
| | | | | | | |
| NOTE: Any unused do | nated sick leave will be di | ssolved upon te | ermination of re | ecipient. Donated sick | leave has no termi | nal pay value. |
| | | | | | | |
| Donor's Signature | | | | Date | | _ |
| | | | | | | _ |
| Recipient's Signatur | re | | | Date | | |
| □APPROVED | DENIED | FOR 6 By: | OFFICIAI | | | |
| | | • | Director of | Personnel/Designee | Date | |
| □APPROVED | DENIED | Ву: | A == i=t==+ C | | Date | |
| | | | Assistant Superintendent for Business and Finance/Designee | | | |
| New 05/14 | | | | | | |
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