

Dougherty County School System Request to Donate Sick Leave

<p>DCSS Board of Education approved the following policy: Notwithstanding anything contained in the policy governing the Sick Leave Bank for the Dougherty County School System, an employee may donate the value of sick leave hours to another employee not to exceed 50 percent of the sick leave accumulated by the donating employee. The donation shall be in increments of the value of the entire work day. The donation value of partial days shall not be allowed. The value of a day shall mean the value of the base salary of an employee for one day not including benefits. In the case of a classified employee, the value of a day shall mean the base salary for eight hours or normal work hours.</p>	<p>DONOR:</p> <ul style="list-style-type: none"> An employee who wants to donate sick leave to another Dougherty County School System employee. The donor's accrued sick leave balance will be reduced by each donation. Unused sick leave, if applicable, will be returned to the donor's balance when the recipient returns to work. The donor may not donate leave after giving notice of separation for any reason or after termination.
<p>GENERAL INFORMATION:</p> <ul style="list-style-type: none"> Donated sick leave cannot benefit the recipient until their accrued sick leave has been depleted. The recipient may receive benefits from the Sick Leave Bank, if eligible, and donated sick leave, but not concurrently. If the recipient has disability insurance, this insurance will not be paid until all Sick Leave Bank hours and/or all donated sick leave hours have been depleted. Donated hours will be paid at the recipient's rate of pay. 	<p>RECIPIENT:</p> <ul style="list-style-type: none"> The recipient is an employee of the Dougherty County School System that will receive donated sick leave from another employee who is employed by the school system. The recipient must be in a position that is eligible to accrue sick leave. Substitutes and temporary personnel are not eligible for donated sick leave. The recipient must not have been disciplined for abuse of sick leave or excessive absences within the past 12 months. The recipient must have exhausted all available accrued sick leave and all available compensatory time before receiving donated leave.

Please complete this form if you wish to donate sick leave **hours** to another school system employee. (PLEASE READ THE REQUIREMENTS ABOVE)

Donor's Name:	Date:	Location:	Employee Number:
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Please deduct from my sick leave the number of hours indicated, for the DCSS employee listed below.	Number of sick leave hours to donate:	
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Recipient's Name:	Location:	I certify that I am <u>voluntarily</u> donating my sick leave to the DCSS employee listed above. I understand that the number of hours indicated will be deducted from my next payroll check if that information cut-off date has not passed.
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Donor's Signature:	Date:	Supervisor's Signature:	Date:
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Executive Director, Finance & Operational Services:	Date:
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FOR PAYROLL USE ONLY

Input by (Payroll)	Donor's Information			Recipient's Information		
	Date of Reduction to Donor's Balance	Hours Reduced from the Donor*	Donor's Pay Rate	Recipient's Pay Rate	Sick Leave Hours Credited to Recipient*	# of Sick Leave Days Taken in the Last 12 Months
Date						

***REMEMBER to specify hours only.**

PLEASE FORWARD THIS FORM TO THE BUSINESS SERVICES OFFICE