



UW

Human Resources

SICK LEAVE DONATION

I hereby request that the Human Resources Benefits Office transfer my specified sick leave balance to the employee indicated below. I understand there is no limit on the number of hours I may donate as long as my donation will not decrease my sick leave balance to fewer than 80 hours. I understand that my donation will not be accepted if my sick leave balance is less than 80 hours. Furthermore, I understand that any unused donated sick leave will be forfeited and will not be returned.

(HR will provide)

Name of Employee Making Donation

WyoCloud ID of Employee Making Donation

Name of Recipient Employee

Recipient Department

Number of Hours I Wish to Donate: _____

My Current Sick Leave Balance: _____

PLEASE NOTE: This is an official leave document authorizing the deduction of your specified sick leave balance. Human Resources will adjust your sick leave balance to reflect your donation. Sick leave donations must be received before the monthly [payroll deadline](#) in order for the recipient to use in the current month.

I certify that I have not and will not solicit or accept anything of value in exchange for the donation of paid leave time.

I understand that I may not revoke this sick leave donation once form is submitted to Human Resources.

Donor's Signature

Date

Department

Phone Extension

Send completed form to Christian Carter at ccarter8@uwyo.edu.

HUMAN RESOURCES USE ONLY

DATE RECEIVED