GLOUCESTER COUNTY PUBLIC SCHOOLS LEAVE DONATION PROGRAM

REQUEST TO DONATE SICK LEAVE DAYS

Pursuant to GCPS <u>Regulation File No. GBDG-R2 LEAVE DONATION PROGRAM</u>, I am requesting that sick leave transfer from my account to the person listed below. I understand that:

- Donations must be made in increments of one (1) day.
- No employee may donate more than five (5) days per fiscal year, unless the spouse of the employee is a full-time GCPS employee. In such instance, the spouse may donate up to thirty (30) days.
- All requests for donations will be reviewed by the Department of Budget & Finance to determine adherence to the guidelines as listed in GBDG-R2 LEAVE DONATION PROGRAM.
- Once donated time has been transferred to the eligible employee, neither the donor nor the eligible employee may revoke the transaction.

• PLEASE PRINT •

| No. of Days Donated | Type of Leave Donated | Donor's Name | Recipient's Name |
|--|--------------------------|--------------|------------------|
| | Sick Day(s) | | |
| I have read Regulation File No. GRDG-R2 LEAVE DONATION PROGRAM and agree to all guidelines | | | |

and stipulations noted therein and donate this time without reservation and of my own volition. Donor's Signature Date of Donation ☐ Check box if you wish for your donation to remain anonymous FOR OFFICE USE ONLY ☐ Not Approved due to the following: □ Approved ☐ As per regulation maximum donation of 30 days allowed has been met ☐ Person for whom you wish to donate day(s) does not meet requirements Person for whom you wish to donate day(s) has not applied Thank you for offering to donate vacation/sick leave. Chief Financial Officer Date Division Superintendent Date ADOPTED: November 14, 2017; Effective November 15, 2017 **CROSS REFERENCES: GBDG** Staff Leave GBDG-R2 Leave Donation Program GBDG-E1 Leave Donation Program Application

GBDG-E3 Informed Consent for Release of Data