

DONATED LEAVE PROGRAM
(DONOR TRANSFER FORM)

I hereby direct the-Human Resources Department to transfer sick leave credit as indicated below to be used CAPE MAY COUNTY as the Recipient's personal sick leave.

DONOR SECTION

(To be completed by employee giving sick leave days)

I wish to donate _____ SICK DAYS to the following Cape May County employee and I hereby certify that this will not reduce my sick leave balance below 20 sick days.

RECIPIENT: _____

RECIPIENT DEPARTMENT: _____

DONOR NAME: _____

DONOR DEPARTMENT: _____

DONOR SIGNATURE: _____

CERTIFICATION SECTION

(To be completed by employee (or agent) receiving sick leave days)

I certify that I have not solicited or accepted anything of value for the donation of paid sick leave time.

EMPLOYEE NAME: _____ Date: _____

EMPLOYEE SIGNATURE: _____

EMPLOYEE DEPARTMENT: _____

(This form is to be returned to the Cape May County Human Resources Department)

HUMAN RESOURCES DISPOSITION

_____ Your request to transfer the above sick day(s) has been approved

_____ Your request to transfer the above sick day(s) has not been approved for the following reason:

_____ Employee has not received the minimum number of 5 donated days.

_____ Employee has already received the maximum number of 180 days.

_____ Your current sick balance does not have the required 20 days accrued minimum balance.