

**Sick Leave Donation Request**

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
Department: \_\_\_\_\_ Date: \_\_\_\_\_

**Request:**

An employee who has experienced an extended absence due to personal or immediate family illness may request sick leave donations. To request donated sick leave hours, an employee notifies the immediate supervisor in writing stating the reason for the request and the estimated number of sick leave hours needed, please fully indicate reason for request below:

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Total Estimated hours requested: \_\_\_\_\_

Appropriate documentation may be requested to verify appropriate utilization of Sick Leave. The written request is forwarded through the supervisor to the Office of Human Resources. The employee must exhaust all leave balances prior to receiving donated sick leave hours. Donated sick leave is limited to 12 weeks per rolling year. Sick Leave donations must be requested and applied in 4 hour increments. Employees within their probationary period will not be eligible to request or donate Sick Leave. Employees who wish to donate must maintain a minimum of 40 hours of Sick Leave for their own use. Once sick leave is donated, it cannot be reinstated to the donator. The Sick Leave Donation form is available at [https://it.troy.edu/forms/hr/sick\\_leave\\_donation.html](https://it.troy.edu/forms/hr/sick_leave_donation.html).

Any unjustified or fraudulent claims for leave may result in loss of pay for the period of absence and disciplinary action up to and including termination.

Employee \_\_\_\_\_  
(Signature)

Supervisor \_\_\_\_\_  
(Signature)

PLEASE ENSURE THAT THE FORM IS SENT TO THE HUMAN RESOURCES OFFICE  
107 Wright Hall • Troy Campus • Fax: 334-670-5666  
E-mail: [tsenn@troy.edu](mailto:tsenn@troy.edu)