

SICK LEAVE DONATION FORM
CITY & BOROUGH OF WRANGELL

Per the City & Borough of Wrangell Personnel Policy, in case of emergency or hardship suffered by any employee, fellow employees shall be allowed to transfer up to ten (10) days of accrued sick leave to any afflicted employee of the Borough providing that the afflicted employee has used all of their sick and vacation leave.

Effective Date _____

Donor Name: _____
Position _____ Department _____

Donation Information:

Number of Sick Hours to Donate: _____
Donated To: _____
Department: _____

I understand that my sick leave balance will be decreased by the amount of the donation stated above. I further understand that my donation will not be accepted if the person to whom I am donating does not meet the balance requirements stated in the Personnel Policy.

Employee signature: _____ Date: _____

Dept. Director Signature: _____ Date: _____

-----Finance & Human Resources Dept. Use Only-----

Entered into Electronic Payroll System on: _____ Initials: _____

	Donor	Recipient
Processed in Timesheets		