

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Office of Human Resources and Equal Opportunity

DONATION OF SICK LEAVE
PLEDGE FORM

In accordance with the Agreement/Handbook between my bargaining group and the District, I hereby authorize the following sick leave donation to (please type or print):

Name: _____

Campus: _____

Division: _____

I understand that I must retain a minimum of 60 days (480.00 hours) of sick leave and that I must donate sick leave in not less than 8 hour increments.

DONATING EMPLOYEE INFORMATION:
(Please type or print)

Name: _____ Emp. Identification No: _____

Campus: _____ Division: _____

Type of Employee (circle one): Administrator Classified Faculty

Number of sick leave hours being donated: _____ Anonymous Donation

Effective date of sick leave transfer: _____

Donating Employee's Signature:

Date:

Return This Form To:

Office of Human Resources
Foothill-De Anza Community College District
12345 El Monte Road,
Los Altos Hills, CA 94022

For Office Use Only (initials of processor)

_____ Criteria Met _____ Balance of donor's sick leave before donation _____ Criteria Not Met

_____ Verification of certification for eligibility of donee _____ Does Not Qualify

Donor's sick leave balance decreased to _____ hours by _____, effective _____

Donee's sick leave balance increased to _____ hours by _____, effective _____

Copy to Payroll Services on _____ by _____
