

**KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM  
SICK LEAVE SHARING DONOR FORM**

**Based on KCTCS Administrative Procedure 2.14.2.4.4, eligible employees may donate sick leave time to eligible employees who have exhausted their own paid leave and are in need of additional paid sick leave. If you are eligible and willing to donate some of your accrued sick leave, please complete the form below and return to your Human Resources office.**

**See KCTCS Administrative Procedure 2.14.2.4.4 for policy details.**

**Name of Donor:** \_\_\_\_\_

**Employee I.D.:** \_\_\_\_\_

**Amount of Donor's Leave to be Credited to Recipient:** \_\_\_\_\_ **Hours**

(Note: A donor may not donate an amount of sick leave which would cause his/her sick leave balance to go below 75 hours.)

**I am a regular KCTCS employee who has successfully completed my introductory period. I am governed by policies which allow me to accrue paid sick leave time. I hereby agree to donate \_\_\_\_\_ hours to be used in accordance to KCTCS Policy 2.14.2.4.4. Following this donation, I will maintain a sick leave balance of more than 75 hours. Any unused donated amounts will be credited back to my sick leave balance account. I have not given my notice of termination or retirement. I have not been directly or indirectly intimidated, threatened, or coerced by any other employee for the purpose of contributing sick leave under this program.**

\_\_\_\_\_  
**Signature of Donor**

\_\_\_\_\_  
**Date**

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*(To be completed by Human Resources Staff)*

**Name of Recipient:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_