## **Sick Leave Donation Program Application Form**

03/21/02

The KEDC Sick Leave Donation Program permits KEDC employees to voluntarily contribute sick leave to KEDC employees who are in need of an extended absence from work. An employee who has accrued more than fifteen (15) days sick leave may request the board to transfer a designated amount of sick leave to another employee who is authorized to receive the sick leave donated. An employee may not request an amount of sick leave be donated that reduces his or her sick leave balance to less than fifteen (15) days.

## **INTENT TO DONATE STATEMENT:**

	e with the KEDC Sick Lea			
donate I have remaining.	days of my sick leave to _ sick leave days accrued, an	nd with my donat	ion I will have	sick leave days
Donor	Date	Recipient	Date	
Notary Public	Date / Exp. Date of License	Notary Public	Date / Exp. Date of Lice	nse
Does the don	ating employee have more the	han 15 days accru	ed sick leave? YES	NO
Does the nun than 15 days	nber of days donated cause d YES NO	lonating employee	's sick leave balance	to be less
certified illne cause the empty IF YES,	oyee or a member of his or less, injury, impairment, or pheloyee to be absent for at lead oyee's need for absence and	nysical or mental o est ten (10) consec	condition that has cause utive working days?	sed or is likely to YES NO
either a natur	oyee suffered from a catastral disaster or fire, that either least ten (10) consecutive wo	has caused or wil	I likely cause the emp	
	oyee exhausted his or her ac by the Board? YES No		ave, personal leave, a	nd any other
Has the empl	oyee complied with the Boa	rd's policies gove	rning the use of sick l	eave? YES NO
Based on the	above, should the Board acc	cept this application	on to donate sick leave	e? YES NO
KEDC Execu	ntive Director Date	KEDC	Board Chairperson	Date