Hidalgo County Government

Sick Leave Donor Request Form

Name of employee to receive donations:_____ Last 4 digits of Soc. Sec. No :_____

(please print)

Form submitted by: _____ Date: _____

(name & work phone)

Employee eligibility to donate sick leave

1. A full-time employee must maintain a sick leave balance of 80 hours after donation. A part-time employee who works 40 hours or more in a pay period must maintain a sick leave balance of 40 hours after donation. A part-time employee who works less than 40 hours in a pay period must maintain a pro-rated amount of unused sick leave after donation.

2. An employee must not donate sick leave after giving oral or written notice of retirement or resignation or receiving written notice of separation from County employment.

I/We hereby donate sick leave to the above named employee in the amounts indicated in accordance with the eligibility requirements of the Sick Leave Donor Program.

Donor's Name	Hours Donated	Last 4 digits of Soc. Sec. No.	Donor's Work phone	Donor's Signature

***Any hours not used will be transferred to the County Sick Leave Pool**