

TRANSFER OF SICK/VACATION HOURS/RECEIPT OF SICK HOURS FORM

-Donating Agency Required Information-

Effective Pay Date:

Agency Code:

Donating Employee ID:

Donate Type:

Employee Signature:

Total Donated Hours:

Employee Name (Print):

Date Signed:

Donating Authority Agreement:

I, the undersigned, have verified and certify that the above-named employee meets all of the following criteria necessary to make him/her eligible to donate unused vacation or sick hours to another state employee's sick leave balance as provided in Idaho Code §67-5334.

Idaho Code §67-5334 Donor Requirements:

- A minimum of four (4) hours must be donated.
- Vacation or Sick leave hours can be donated but should not be combined on one donation.
 - Vacation and Sick leave donations
 - After the donated vacation or sick leave is deducted, the number of vacation or sick hours remaining must be equal to or greater than the employee's regular pay period hours. [Ref. Idaho Code §5334(g)];
 - A maximum of eighty (80) combined hours of vacation and sick leave can be donated per fiscal year.

Appointing Authority Name (Print):

Appointing Authority Signature:

Date Signed:

-Receiving Agency Required Information-

Employee Name:

Employee ID:

Agency Code:

Receiving Authority Agreement:

I, the undersigned, have verified and certify that the above-named employee meets all of the following criteria necessary to make him/her eligible to donate unused vacation or sick hours to another state employee's sick leave balance as provided in Idaho Code §67-5334.

Idaho Code §67-5334 Recipient Requirements:

- Employee is eligible to accrue sick and vacation leave; and
- Has exhausted all of their accrued leave balances and is experiencing one of the following:
 - Is suffering from a serious illness or disability
 - Has a family member with a serious illness or disability
 - Has had a death and funeral in the family necessitating the employee's absence from work
 - Hours received by employee will not exceed the maximum of one-hundred and sixty (160) hours in the current fiscal year

Appointing Authority Name (Print):

Appointing Authority Signature:

Date Signed: