

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

### -Donate Leave Resources-

[Eligibility Requirements](#)

[Effective Pay Dates](#)

[Deadlines](#)

### -Step 1: Donating Agency Required Information-

\*Donating Employee Name  
 (As displayed in GHR)

\*Employee ID

\*Donate Type

\*Donating Employee Signature

\*Date Signed

\*Donating Hours

**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  
 (As displayed in GHR)

\*Effective Pay Date

\*Agency Code

\*Appointing Authority Signature

\*Date Signed

\*Employee ID

### -Step 2: Receiving Agency Required Information-

\*Receiving Employee Name  
 (As displayed in GHR)

\*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  
 (As displayed in GHR)

\*Appointing Authority Signature

\*Date Signed

\*Employee ID