

**DIOCESE OF CHARLOTTE  
DONATION OF SICK LEAVE REQUEST**

1. Name of Recipient \_\_\_\_\_
2. Agency/Department/Parish/School \_\_\_\_\_
3. Name of Donor \_\_\_\_\_
4. Agency/Department/Parish/School \_\_\_\_\_
5. Number of Hours Donated \_\_\_\_\_ *(Maximum of 10 days per donor)*
6. Donor Has The Required Hours of Donated Leave \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(If the answer to # 6 is no, the request is automatically denied)*

\_\_\_\_\_

Donor's SupervisorTitleDate

**ACTION TAKEN**

Approved \_\_\_\_\_Denied \_\_\_\_\_

**Reason for Denial:**

1. \_\_\_\_\_ Recipient has accumulated sick leave
2. \_\_\_\_\_ Recipient has received maximum donation
3. \_\_\_\_\_ Recipient does not meet the requirements for donation

\_\_\_\_\_

Recipient's SupervisorTitleDate

**RECORDED/POSTED**

\_\_\_\_\_

NameTitleDate

*Donation of sick leave is subject to the provisions of the Diocese of Charlotte Personnel Policies Handbook: Recipient must have a serious health condition that requires an absence of at least 60 days, and must have no accumulated leave of his/her own. An employee may receive a maximum of 30 days (equivalent hours) of donated sick leave.*