**SICK LEAVE DONATION AUTHORIZATION**

**IBEW Local 1613**

**FAX 816-241-1303**

 **I [donor's name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Employee No. [donor's emp. no.] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby donate [number] \_\_\_\_\_\_\_\_ sick leave hours [must be in 8 hour increments] to [name of recipient] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

 **I understand that if these hours are used by the recipient, they will not be returned to me.**

 **I further understand that in accordance with Article X Section 14 of the current Collective Bargaining Agreement, my donation of sick leave hours will reduce my sick leave balance and the percentage of sick leave available to me but will not count as an occurrence under the sick leave control program.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Donor Date**

**ELIGIBILITY VERIFICATION**

 **I hereby verify that the above named Donor is under my supervision and is not currently in a step of the sick leave control program.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **[Type or print name of supervisor/manager]**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **[Type or print title of supervisor/manager]**