



DONATION OF SICK LEAVE TO A FAMILY MEMBER 2021-2022

Donor's Name	
Personnel Number	
Relationship to Recipient	
# of Hours Donated	
School Name/Number	
Absence Type	2311

Recipient's Name	
Personnel Number	
School Name/Number	
Absence Type	2300

I, _____, authorize my sick leave to be donated to the recipient listed above. I understand these hours will not be immediately credited to my recipient but will be provided as needed after he/she has depleted his/her own accrued sick and annual leave.

These donated hours will expire on June 13, 2022.

My recipient will provide a completed leave form indicating dates and hours for which the donated leave will be used along with a doctor's note indicating period of incapacity. My recipient will notate on the leave form that donated leave is being used.

An original leave form requesting donated leave must be submitted within two weeks from the first date of the absence. Donated leave will not be approved if leave form is not submitted by the deadline.

DONOR'S SIGNATURE

DATE

Please forward completed form to:
Duval County School Board
Payroll Department
1701 Prudential Drive
Jacksonville, FL 32207

Payroll Use Only

Recipient's Information			
Leave Form Attached		Dates on Leave Form	
Doctor's Note Attached		Dates from Doctor's Note	
Sick Leave Balance		Annual Leave Balance	