



Seattle
Police
Department

APPLICATION TO DONATE SICK LEAVE

SECTION I. DONATING EMPLOYEE INFORMATION

Serial #	Employee Name	Employee Number
Unit #	Unit Name	Job Title/Rank

I hereby request _____ hours of my sick leave reserve be transferred to:

Receiving Employee's Name: _____

Receiving Employee's Department: _____

SECTION II. CONDITIONS FOR DONATING SICK LEAVE TO AN ELIGIBLE EMPLOYEE

- An employee may request to donate sick leave hours to an approved recipient employee provide the donation will not cause the donating employee's sick leave balance to fall below 240 hours.
- A donating employee may not donate fewer than 8 hours of sick leave converted at his or her straight-time primary rate of pay.
- Employees who are separating from City service may not donate more sick leave than they would be able to use themselves between the date of the donation and their last day of work and must retain a post-donation minimum balance of 240 hours.

See City of Seattle Personnel Rule 7.7 – Sick Leave and Sick Leave Transfer

SECTION III. EMPLOYEE DECLARATION OF ACKNOWLEDGEMENT

I hereby certify that I have read and that all statements made on this request are true to the best of my knowledge. Furthermore, I certify that such sick leave donation(s) is intended to be a gift and is not conditioned upon the exchange of any compensation, obligation or consideration and that none has been or will be received.

Employee Signature	Date
--------------------	------

SECTION IV. AUTHORIZATION

I do . I do not want my donation made known to the recipient.

Employee Signature	Date
--------------------	------

Appointing Authority or Designee (for Donating Employee)	Date
--	------

*****FOR SPD HUMAN RESOURCES PURPOSES ONLY*****

Sick Leave Balance: _____

Minimum Balance: _____ -240.00

Donatable Sick Leave Hours: _____