## Employee Voluntary Confidential Donation of Sick Leave

I voluntarily donate () days of acc	cumulated sick leave to
(	). I do this in
accordance with the provisions of Policy a	and Procedure 5400, the appropriate collective
bargaining agreements and according to W	VAC 392-126-085 as follows:
<ul> <li>criteria:</li> <li>1. The employee must have accruleave.</li> <li>2. Employees may not donate an sick leave accounting going be</li> <li>3. All donated sick leave must be</li> </ul>	are to specific individuals using the following ared more than twenty-two (22) days of sick amount of sick leave that will result in his/her clow twenty-two (22) days. It is given voluntarily. No employee shall be and or financially induced into donating sick
Printed Name	Signature
	Date
	***************************************
WAIVER OF REQUES	T FOR RETURN OF SICK LEAVE
I hereby waive all property rights to the do	onated sick leave days. I will not ask for their return.
	Signature
	Date