



Division of Human Resources
COMPASSIONATE SICK LEAVE TRANSFER AUTHORIZATION

Pursuant to Section 1012.61 of Florida Statutes and the Collective Bargaining agreement, a district employee may authorize the transfer of sick leave/vacation leave to another person who is also a district employee, provided that the transfer relates to a serious health condition or life-altering event of an employee or a member of the employee’s immediate family or for someone residing within the employee’s household, for whom the employee is the primary caregiver. Exclusions include, but are not limited to, normal pregnancy, any injury covered by Worker’s Compensation, or mental/nervous conditions, chemical dependency, alcoholism, or related conditions.

Transferring Employee – The Transferring Employee is the district employee who is requesting to transfer sick leave/vacation leave to an individual who is also a district employee.

Name: _____ Position Title: _____

Employee ID: _____ Work Location: _____

Recipient Employee – The Recipient Employee is the district employee who will receive transferred sick leave/vacation leave from an individual who is also a district employee.

Name: _____ Position Title: _____

Employee ID: _____ Work Location: _____

I wish to remain anonymous

Number of hours _____ to be transferred from: Sick Leave or Vacation Leave

NOTE: Employee must retain a minimum of (10) days of available leave after the donation is deducted.

I hereby authorize the transfer of sick leave/vacation leave to the recipient employee. I understand that falsification of this form may result in disciplinary action.

Signature of Employee Transferring Sick Leave

Date

➔ Please return this form to: Personnel Services Department (ATTN: Compassionate Leave Program) ⬅
620 East University Avenue, Gainesville, FL 32601

Sick Leave Transfer: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
_____ Authorized Designee	_____ Date