

QUINNIPIAC UNIVERSITY
SICK TIME DONATION FORM

RECIPIENT EMPLOYEE: _____ **RECIPIENT QU ID:** _____
DONOR EMPLOYEE: _____ **DONOR QU ID:** _____
SICK HOURS DONATED: _____

The following conditions must be met before this form will be accepted:

1. The donor-employee and the recipient-employee must be post-probationary employees;
2. The recipient-employee must have no accumulated sick, vacation, compensatory time or personal leave hours;
3. The recipient employee must be absent from work due to the recipient-employee's non-work related illness or disability which is serious and/or catastrophic in nature (serious and/or catastrophic shall mean a disabling physical or mental illness, injury, or condition that involves inpatient care in a hospital, a nursing home, or hospice, or outpatient care requiring continuing treatment or supervision by a physician, e.g., AIDS, cancer, major surgery, but excluding a disability resulting from the birth of a child unless complications occur as a result which convert such disability into a serious and/or catastrophic illness);
4. The donor-employee shall make his/her request to the Human Resources Business Partner on an executed written authorization form;
5. Once the written authorization form is executed, the donation may not be revoked by the donor-employee;
6. Donations by the donor-employee to the recipient-employee must be in increments of no less than one full day;
7. The donor-employee may give up to a maximum of 10% of his/her banked sick time hours per fiscal year and such donation shall be charged against the donor-employee at his/her straight time rate of pay;
8. The recipient-employee may receive up to a maximum of forty (40) days of sick leave in any consecutive twelve month period at his/her straight-time rate of pay;
9. If the recipient-employee die's before returning to work and has not used any or all of the donated sick time as of the date of his/her death, the unused donated sick time shall be donated to a charity designated by the Office of Human Resources in the name of the deceased;
10. If the recipient-employee returns to work before using any or all of the donated sick time, the donated unused sick time shall remain credited to the recipient-employee;

I understand and agree with these conditions and I wish to make the above donation.

Signature of Donor-Employee

Date