



Human Resources

SICK LEAVE DONATION

(Please type or print)

Donation to: _____ Department: _____

Donor: _____ Department: _____

Donor's employee WyoCloud number _____

Donor's UW phone number _____

Current sick leave balance _____ Number of hours donated _____

I understand that my sick leave balance will be decreased by the amount of the donation stated above. I understand that my donation will not be accepted if my sick leave balance is less than 80 hours or if the amount donated will decrease my balance to fewer than 80 hours. Further, I understand there is no limit on the number of hours I may donate if I maintain at least 80 hours in my sick leave balance. Any unused donated sick leave will be forfeited and will not be returned.

PLEASE NOTE: This is an official leave document authorizing the deduction of your accrued sick leave. Human Resources will adjust your sick leave balance to reflect your donation. Sick leave donations must be received before the monthly [payroll deadline](#) in order for the recipient to use in the current month.

Send completed form to Christian Carter at ccarter8@uwyo.edu.

Donor Signature _____ Date _____