



**SICK LEAVE (PTO)  
DONATION FORM  
Donation Form**

To: Human Resources Department

From: \_\_\_\_\_

Date: \_\_\_\_\_

Subject: Donation of Sick Leave

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Please transfer \_\_\_\_\_ hours of paid Sick Leave to \_\_\_\_\_ at the time in which his/her own PTO leave bank equals zero (0) hours. I donate these Sick Leave hours willingly.

Thank you.

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Signature of Donating Employee