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| **RECIPIENT AND DONOR INFORMATION** |
| **Recipient Name:** |       |
| **Name of Donor:** |       | Relationship to Recipient: | [ ]  Co-worker[ ]  Immediate FamilyMember |
| Type of Leave Donation: | [ ]  Vacation[ ]  Bonus[ ]  Sick  | Hours |       | Amount of Leave: |       |
|  |  | Hours |       |  |  |
|  |  | Hours |       |  |  |
| ***ADVISORY:*** *At retirement, a member of TSERS with an earned sick leave balance receives an additional month of service credit for each 20 days or portion thereof. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.* |
| **DONOR CERTIFICATION** |
| I have not been directly or indirectly intimidated, threatened, coerced or attempted such actions against any employee for the purpose of interfering with the rights an employee may have with respect to donating, receiving, or using leave under this program. I further certify the following:* Individual leave records are confidential and only individual employees may reveal their leave donation or receipt;
* The maximum vacation leave that may be donated cannot exceed the donor’s annual accrual rate, and must not reduce the donor’s vacation leave balance below one-half the annual vacation accrual rate;
* The maximum amount of sick leave donation is 1040 hours, but the donation and should not reduce the sick leave account of the donor below 40 hours; and
* Donated leave will be credited to the recipient’s account as it is received. If the leave recipient’s participation in the program terminates prior to the utilization of my donation, it will be credited back to my account.
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| **APPROVAL SIGNATURES** |
|  |  |  |       |  |
| *Donor Signature* |  | *Date* |
|  |  |  |