



## Sick Leave Transfer Policy

- Full-time faculty with an accrued minimum of forty (40) sick days may donate one (1) or two (2) days a fiscal year to another employee. Full-time classified and management must retain a minimum of forty (40) days of accumulated sick leave on account with the District.
- The sick leave transfer agreement allows Part-time Faculty with an accrued minimum of seventy-two (72) hours of accumulated sick leave on account with the District to donate up to six (6) hours to another employee. A donation of a full-time sick leave day from a full-time employee to a Part-time Faculty member is the rate of six (6) hours of part-time sick leave per one (1) day. Your donation will not be deducted until it is used by the recipient. A recipient may not receive more than thirty (30) days of donated leave per fiscal year.
- Part-time Classified donations are prorated based on assignment.

## The Office of Human Resources shall keep the identities of those donating sick leave confidential.

Recipient's Name:			
Recipient's name:			
Donor's Information:			
Donor's Name:	Name: SSN # / W#:		
Category:			
Full-time Faculty     Part-time Faculty	/ Classified	Confidential/Supervisory	Administrator
I choose to transfer day(s)	of sick day credits	S. Verified by &	date
<ul> <li>Transfer conditions:</li> <li>The transfer must be in units of one (1) day for all employees except Part-time Faculty, who may transfer in units of one (1) hour;</li> <li>Donations are subject to the CLPCCD Board Policies and Administrative Procedures and Collective Bargaining Agreements; and</li> <li>Marital status or spousal consent must be completed below:</li> </ul>			
<ul> <li>Check one:</li> <li>I am legally married; <i>If yes, your spouse must complete next section.</i></li> <li>I am not married;</li> <li>I am legally married and I do not know the whereabouts of my current spouse;</li> <li>I and my spouse have executed a marital settlement (pre-nuptial) agreement pursuant to Title II of Part 5 of Division 4 of the California Civil Code or a predecessor statue, if applicable, which makes my earnings my separate property.</li> </ul>			
I have read and understand the above-noted conditions.			
Donor's Signature:		Date://	
Spousal Consent:			
I am the legal spouse of(Print D		, declare under penalty	of perjury that
I have been informed of my spouse's transfer of sick leave which is an irrevocable donation to a district specific individual designated as terminally ill or has a serious health condition; and, I hereby consent to this transfer by my spouse.			
Donor's Spouse Signature:		Date:	//
SUBMIT ORIGINAL FORM TO: OFFICE O	F HR BENEFIT'S OI	FICE	

Reference: Article 11A.7 – Faculty Agreement; SEIU Agreement 17.2.7; CLPCCD AP 7345