

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT**  
Office of Human Resources and Equal Opportunity

**DONATION OF SICK LEAVE  
PLEDGE FORM**

In accordance with the Agreement/Handbook between my bargaining group and the District, I hereby authorize the following sick leave donation to (please type or print):

Name: \_\_\_\_\_

Campus: \_\_\_\_\_

Division: \_\_\_\_\_

I understand that I must retain a minimum of 60 days (480.00 hours) of sick leave and that I must donate sick leave in not less than 8 hour increments.

**DONATING EMPLOYEE INFORMATION:**  
(Please type or print)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Campus: \_\_\_\_\_ Division: \_\_\_\_\_

Type of Employee (circle one):      Administrator      Classified      Faculty

Number of sick leave hours being donated: \_\_\_\_\_ ☐ Anonymous Donation

Effective date of sick leave transfer: \_\_\_\_\_

\_\_\_\_\_  
Donating Employee's Signature:

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

**Return This Form To:**

Office of Human Resources  
Foothill-De Anza Community College District  
12345 El Monte Road,  
Los Altos Hills, CA 94022

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**For Office Use Only (initials of processor)**

\_\_\_\_\_ Criteria Met      \_\_\_\_\_ Balance of donor's sick leave before donation      \_\_\_\_\_ Criteria Not Met

\_\_\_\_\_ Verification of certification for eligibility of donee      \_\_\_\_\_ Does Not Qualify

Donor's sick leave balance decreased to \_\_\_\_\_ hours by \_\_\_\_\_, effective \_\_\_\_\_

Donee's sick leave balance increased to \_\_\_\_\_ hours by \_\_\_\_\_, effective \_\_\_\_\_

Copy to Payroll Services on \_\_\_\_\_ by \_\_\_\_\_

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MM June 1999