Sick Leave Donation Program
Application Form

The KEDC Sick Leave Donation Program permits KEDC employees to voluntarily contribute sick leave to KEDC employees who are in need of an extended absence from work. An employee who has accrued more than fifteen (15) days sick leave may request the board to transfer a designated amount of sick leave to another employee who is authorized to receive the sick leave donated. An employee may not request an amount of sick leave be donated that reduces his or her sick leave balance to less than fifteen (15) days.

**INTENT TO DONATE STATEMENT:**

In accordance with the KEDC Sick Leave Donation Program, please accept my application to donate _____ days of my sick leave to _______________________, a KEDC employee.
I have _____ sick leave days accrued, and with my donation I will have _____ sick leave days remaining.

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Donor __________________ Date __________________ Recipient __________________ Date __________________

Notary Public __________________ Date / Exp. Date of License __________________
Notary Public __________________ Date / Exp. Date of License __________________

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Does the donating employee have more than 15 days accrued sick leave?  YES  NO

Does the number of days donated cause donating employee’s sick leave balance to be less than 15 days?  YES  NO

Has the employee or a member of his or her immediate family suffered from a medically certified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) consecutive working days?  YES  NO

**IF YES,**
Has the employee’s need for absence and use of leave been certified by a licensed physician?  YES  NO

Has the employee suffered from a catastrophic loss to his or her personal or real property, due to either a natural disaster or fire, that either has caused or will likely cause the employee to be absent for at least ten (10) consecutive working days?  YES  NO

Has the employee exhausted his or her accumulated sick leave, personal leave, and any other leave granted by the Board?  YES  NO

Has the employee complied with the Board’s policies governing the use of sick leave?  YES  NO

Based on the above, should the Board accept this application to donate sick leave?  YES  NO

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KEDC Executive Director __________________ Date __________________ KEDC Board Chairperson __________________ Date __________________