



Jones County School District
Personnel Department
5204 Highway 11 North
Ellisville, MS 39437
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www.jones.k12.ms.us

DONATING LEAVE TO ANOTHER EMPLOYEE

_____	_____	_____
Name of Donor	Badge/Employee Number	Location
_____	_____	_____
Address		Telephone Number
_____	_____	_____
Total Amount of Accumulated Sick Leave		Number Days Donated
_____	_____	_____
Name of Recipient of Donated Leave		Location
Donor understands that this donation of _____ days of accumulated sick leave cannot be retrieved unless the recipient does not use the total donated days. If all days are not used by the recipient, days shall be returned to the donor employees on a pro rata basis. MS Code 1972 37-7-307 (10)		
_____	_____	_____
Donor Signature		Date
_____	_____	_____
Witness		Date

FOR OFFICE USE ONLY

- _____ Recipient has exhausted all sick leave, including extended leave days.
- _____ Physician's statement on file with beginning date of catastrophic illness or injury, description of illness or injury, prognosis for recovery and anticipated date of return to work.
- _____ Donor has at least seven personal days and 50% of accumulated sick leave remaining.

ACTION BY DONATED LEAVE REVIEW COMMITTEE:

_____ APPROVED _____ DENIED (DUE TO REASON(S) CHECKED)

REVIEW COMMITTEE MEMBER'S INITIALS

DATE

Recipient only used _____ of donated days. Number of days returned to donor: _____

Personnel Department Signature

Date