



# Spousal Sick Leave Donation Form

Name of Donor: \_\_\_\_\_ EKU ID # \_\_\_\_\_

Phone Number: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Department: \_\_\_\_\_

Days to be credited to Recipient: \_\_\_\_\_  
(Employee must have 10 days remaining after donation. Minimum amount employee may donate is 5 days.)

Name of Recipient: \_\_\_\_\_ EKU ID # \_\_\_\_\_

Phone Number: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_  
Signature of Donor Date

This is to certify that the employee named above has a sufficient sick leave balance to donate the hours indicated leaving a minimum balance of 10 days.

\_\_\_\_\_  
Human Resources Authorization Date