



## Spousal Sick Leave Donation Form

### Donor Information:

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 five days.)

### Recipient Information:

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