

Shared Paid Sick Leave Program

The Shared Paid Sick Leave Program provides employees the opportunity to receive and use donated paid sick leave, and to donate their paid sick leave to another employee.

To Apply

Employees must apply to receive and/or donate shared paid sick leave through **[insert point of contact]**.

An employee is eligible to apply for and use shared paid sick leave **[such as immediately or 90 calendar days after the start of employment]**.

Employees are entitled to use shared paid sick leave for all authorized uses as defined in our company's paid sick leave policy

If an employee wishes to participate in the Shared Paid Sick Leave Program, complete the *Employee Request to Donate and/or Participate in Shared Paid Sick Leave form* and give a copy to **[insert point of contact]**.

[insert point of contact] is responsible for:

- Ensuring employees meet the eligibility criteria for receiving and donating shared paid sick leave;
- Approving requests to receive and donate shared paid sick leave; and
- Monitoring the use of shared paid sick leave.

Value Transferred Leave

For each hour of paid sick leave used, the employee receiving the shared paid sick leave will be paid the greater of the state minimum hourly wage rate or his or her normal hourly compensation.

Donated Paid Sick Leave

Donated paid sick leave will be recorded as if the donating employee had used the time, and will reduce the employee's available balance, as noted on the employee's paystub and/or pay statement.

Employee Request for Shared Paid Sick Leave

Employee Name	Employee ID
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I currently need or will need paid sick leave:

- For leave to care for myself or a family member for an authorized use of paid sick leave
- For leave covered by Family Medical Leave Act (FMLA)
- I will be out due to a serious medical condition (medical provider documentation is attached).
- I will be on maternity/paternity leave.
- Other (please explain):

Employee's Signature	Date
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To Be Completed by the Employer

<input type="checkbox"/> Approved	By: _____	Date: _____
<input type="checkbox"/> Denied	By: _____	Date: _____
If denied, reason:		
Current Available Sick Leave Hours:		

Donated Paid Sick Leave Transactions:

Paid sick leave donated from: (Employee Name)	Hours Donated	Date Added to Requesting Employee Paid Sick Leave Balance	Date Donated Paid Sick Leave Used

Copies: Employee Employee's File

Employee Request to Donate Paid Sick Leave

Employee Name	Employee ID
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I would like to voluntarily donate _____ hour(s) of my accrued paid sick leave to the following employee:

Employee's Name

I understand that this will reduce my available accrued paid sick leave by the hours indicated above and will be reflected in my monthly statement of paid sick leave.

Employee's Signature

Date

To Be Completed by the Employer

<input type="checkbox"/> Approved	By: _____	Date: _____
<input type="checkbox"/> Denied	By: _____	Date: _____
If denied, reason:		
Current Available Sick Leave Hours: _____		
Donated Hours: _____		
Remaining Balance After Donation: _____		