

**CITY OF CLEVELAND**  
**Personnel Policies and Procedures Manual**  
**Benefits Policies**

**VOLUNTARY SICK LEAVE CONTRIBUTION FORM**

Name of Contributing Employee: \_\_\_\_\_  
Please print

Name of Receiving Employee: \_\_\_\_\_  
Please print

I wish to contribute \_\_\_\_\_ hours from my accumulated sick leave balance  
to \_\_\_\_\_.  
Receiving employee's name

I understand that this time will be permanently deducted from my accumulated  
sick leave balance and assigned to the receiving employee's sick leave balance.

I understand that my accumulated sick leave balance must be equal to or more  
than 100 hours in order for this transaction to be processed. Once this  
transaction is processed, my remaining accumulated sick leave balance will be  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Contributing Employee/Date

\_\_\_\_\_  
Signature of Payroll Officer/Designee/Date

\_\_\_\_\_  
Signature of Appointing Authority/Date

\_\_\_\_\_  
Signature of Dir. of Personnel/Designee/Date

Cc: Department of Personnel  
Contributing Employee's File  
Receiving Employee's File