FLORIDA DEPARTMENT OF COMMERCE

Sick Leave Pool Donation Request
(Must be a participating Sick Leave Pool Member)

|  |  |  |
| --- | --- | --- |
| Name (Last, First, Middle Initial) | People First ID | Date |
|       |       |       |
| Date of Termination/Retirement | Number of Hours Donated (16 hours maximum) |  |
|       |       |  |

 I,      , certify that this is a voluntary donation to the Department Sick Leave Pool.

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| --- | --- | --- |
|  |  |  |
|  |  |  |
| Signature |  | Date |

Please email completed form to the Attendance and Leave Coordinator:

Krystal Hill

Krystal.Hill@commerce.fl.gov

Candace McWilliams (back-up)

Candace.McWilliams@commerce.fl.gov

OR hand-deliver to

Department of Commerce

Human Resource Office

Caldwell Building, MSC #140

107 E. Madison Street

Tallahassee, Florida 32399-4127