

**University of Tennessee Sick Leave Transfer Request Form  
Knoxville Area and Institute of Agriculture Sick Leave Banks**

**Donor Employee:**

Name: \_\_\_\_\_

UT ID: \_\_\_\_\_ Department: \_\_\_\_\_

Number of hours of sick leave being donated: \_\_\_\_\_ Current Sick Leave Balance: \_\_\_\_\_

**Recipient Employee:**

Name: \_\_\_\_\_

UT ID: \_\_\_\_\_ Department: \_\_\_\_\_

Recipients must be a member of a Sick Leave Bank and have recent approval from the Bank to be eligible to receive donated sick leave. For more information, view [HR0383 – Sick Leave Transfer Between University Employees](#).

If employed full time, I understand that I must agree to donate a minimum of 40 hours of sick leave, and that I may not donate more than one-half of my sick leave balance in effect at the point leave is deducted from my balance.

I understand that to donate sick leave I must have a minimum balance of 160 hours of sick leave. I also understand that I may not donate more than a total of 720 hours of sick leave during my employment with the University.

I am donating this leave of my own free will and understand that sick leave deducted from my leave balance may not be returned. In addition, I understand that this sick leave reduction will affect any benefit due to my named beneficiaries upon my death. If I am participating in the TCRS, JCRS, or CSRS retirement plans, this reduction may affect my creditable service upon retirement.

\_\_\_\_\_  
Donating Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

Return completed form to:

UT Knoxville HR Employee Relations  
105 Student Services Building  
Knoxville, TN 37996  
[sickleavebank@utk.edu](mailto:sickleavebank@utk.edu)