Exhibit 1

**SICK LEAVE DONATION AGREEMENT**

I, ,

, employed by

Donating Employee's Name Social Security Number

Institution/Center/Central Office

leave to

wish to donate

,

days/hours of sick

Employee To Whom Donating Leave Social Security Number

I understand the following:

(1) I must currently have 20 days of accrued sick leave.

\*(Example: 20 x 7.5 accrual rate = 150.0)

(2) I must agree to donate a minimum of 5 days of accrued sick leave

\* (Example: 5 x 7.5 =37.5)

(3) I may not donate more than one-half of my sick leave balance at the time of transfer.

\*(Example: ½ x 150.0 hours = 75.0 hours)

(4) I may not donate more than 90 days of accrued sick leave during my employment with this institution/school.

(5) I agree that any unused sick leave which I have donated to the employee stated above will be transferred to the Sick Leave Bank.

\*The accrual rate is based on my percentage of employment.

I am donating this leave of my own free will and have not been unduly influenced in any manner to make this contribution.

Donor's Signature Date

Witness Date

Witness Date

**FOR OFFICE USE ONLY (Record all data in hours.)**

Is recipient a Sick Leave Bank member? Yes No

Date certification of recipient's continuing disability was received:

Donor's sick leave balance as of :

Date to be transferred:

Donor's balance at time of transfer:

Number of hours transferred:

Prior number of hours donated:

**APPROVED:**

Institutional Officer Date

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