SHARED LEAVE POOL DONATION FORM

I, _____, without coercion or pressure, donate _____hours of my earned:

☐ Sick Leave; or

☐ Annual Leave.

I understand that as a donating employee, I shall retain fifteen (15) days (one-hundred twenty hours (120) hours) of Sick Leave and/or Annual Leave at all times for personal use. I further understand that as a donating employee, I shall not be permitted to donate earned Sick Leave and/or Annual Leave if I have less than fifteen (15) days (one hundred twenty (120) hours) of Sick Leave and/or Annual Leave to my credit at the time of the donation.

I understand that the voluntary donation of my earned Sick Leave and/or Annual Leave is irrevocable and will reduce my Sick Leave and/or Annual Leave balance by the number of hours that I am donating. I understand that my identity as a donor will be kept confidential. I understand that I may not stipulate who is to receive the donation of my earned Sick Leave.

_____ _____ _____

Employee Name (please print) CLID Date

_____

Employee Signature

*If your donation is either not approved or is partially approved, a memo of explanation will be returned to you with this Shared Leave Pool Donation Form.

**This Shared Leave Pool Donation Form must be submitted to the Shared Leave Pool Manager, Payroll Office, Martin Hall, Room 124C.

**********For Office Use Only**********

Donating Employee's Sick Leave Balance: _____ hours

Donating Employee's Annual Leave Balance: _____ hours

Adjust donating employee's Sick Leave balance in accordance with this request from _____ hours to _____ hours.

Adjust donating employee's Annual Leave balance in accordance with this request from _____ hours to _____ hours.

_____ _____

Leave Pool Manager Date