



Human Resources, 263 Morgan Hall, 670-1538

**Shared Leave
Donation Form**

7-13-09

Part I – To be completed by employee.

Name: _____ WIN#: _____

Department: _____

Work Phone: _____ **Previous Donor:** Yes No

NOTE: the donating employee's sick leave balance must be at least four days (32 hours) after the donation is made. Donations must be made in full-day (eight hour) increments.

Please indicate the type and amount of leave to be donated:

Personal Leave _____ # **days** donated (eight hours equals one day)

Sick Leave _____ # **days** donated (eight hours equals one day)

I understand that my donation is voluntary and confidential. I understand that my leave balance will be decreased by the amount contributed. I understand that if this donation includes personal leave it may affect the payout of personal leave upon any termination.

Employee Signature: _____ Date: _____

Part II – To be completed by Human Resources

Will the above-named employee's sick leave balance be at or above four days (32 hours) if the above indicated number sick leave days are donated? Yes No

The answer to the above Question being YES, the above indicated donation is **APPROVED** and the above-named employee's personal and/or sick leave balances will be reduced by the above indicated amounts.

The answer to the above Question being NO, the above indicated donation is **DISAPPROVED**.

The employee is a previous donor, and has been eligible for, but did not request, Shared Leave in the previous two years.

Human Resources Director Signature: _____ Date: _____

Note: When processing is complete, a copy of this form will be sent to the employee.