

SICK LEAVE DONATION AGREEMENT

I, _____, T_____, employed by
Donating Employee's Name Banner ID Number

_____ wish to donate _____ days/hours of
Institution/School

sick leave to _____, T_____.
Employee to Whom Donating Leave Banner ID 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 hours)
2. I must agree to donate a minimum of 5 days of accrued sick leave.*
(Example: 5 x 7.5 accrual rate = 37.5 hours)
3. I may not donate more than one-half of my sick leave balance at the time of transfer. (Example: $\frac{1}{2}$ x 150.0 = 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