WASHBURN UNIVERSITY 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.