



Shared Leave Donation Form for Years 3+

Part I – To be completed by employees who have participated in the Shared Leave Program for at least three (3) consecutive years and elect to donate personal and/or sick leave. Due to your longevity in the program, leave donations are currently not required to remain in the program.

Employee Name: _____ WIN #: _____

Department Name: _____ Work Phone: _____

I wish to make a voluntary donation of:

- Personal Leave _____ # days donated (eight hours equals one day)
- Sick Leave _____ # days donated (eight hours equals one day)
- I no longer wish to participate in the voluntary Shared Leave program.

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

Employee Signature: _____ Date: _____

Please return completed form to Human Resources, Morgan 118, no later than June 15.

Part II – To be completed by Human Resources

- The employee has been a previous donor for three (3) or more consecutive years and **did not** receive Shared Leave pay within the previous two years.
- The employee has been a previous donor for at least for three (3) or more consecutive years and **did** receive Shared Leave pay within the previous two years.
- 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 employee no longer elects to participate in the voluntary Shared Leave program.

Human Resources Representative: _____ Date: _____

Note: Employees who are not approved will be notified directly by Human Resources.