



Shared Leave Donation Form for Year 1

Part I – To be completed by employee.

Name: _____ WIN #: _____

Department Name: _____ Work Phone: _____

NOTE: A donating employee's sick leave balance must be at least four days (32 hours) **after** the donation is made. Unless part-time, donations will be made in full-day (eight hour) increments.

Please indicate the type and amount of leave to be donated. Minimum donation to enter the Shared Leave Program is one (1) day of Personal Leave and (2) two days of Sick Leave.

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 that my leave balance will be decreased by the amount contributed. I understand that a 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

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 **NOT APPROVED**.

Human Resources Representative: _____ Date: _____

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