



Shared Leave Donation Form for Year 2

Part I – To be completed by an employee who has participated in the Shared Leave Program the previous year. You must make a 2nd year donation to remain in the program.

Employee Name: _____ WIN #: _____

Department Name: _____ Work Phone: _____

NOTE: The 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 continue in 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

The employee has been a previous donor for one (1) year and **did not** receive Shared Leave pay within the previous year.

The employee has been a previous donor for one (1) year and **did** receive Shared Leave pay within the previous two years.

The employee did not participate in the Shared Leave program last year.

Human Resources Representative: _____ Date: _____

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