

Sick Leave Pool Donation Form

A current employee may contribute an unlimited number of hours to the sick leave pool provided that the contribution will not cause the donor's balance to drop below fifty [50] hours.

Contributions to the pool must be in units of eight [8] hours.

A terminating employee may donate their entire accrued sick leave balance.
Please do not contribute if you may return to state employment within a year.
Once hours are contributed, they cannot be restored.

Employee Information

Employee Name : _____

Employee ID : _____

Department : _____

Number of hours I want to contribute : _____

Employee Authorization

I authorize the Office of Human Resources to submit this form to the Payroll Office for deduction of the specified number of hours from my sick leave balance.

Employee Signature

Date

- The Payroll Office is responsible for deducting the contribution from the employee's balance.
- The Office of Human Resources will retain a copy for records and will forward a copy to Payroll.

For Human Resources Use Only

Sick Leave Pool Administrator

Date

Entered By

Date