

SICK LEAVE BANK DONATION

Under the terms of the AAUP Collective Bargaining Agreement,
or other applicable College policies,

I wish to donate _____ days of sick leave to the Sick Leave Bank.
(1 to 10)

- I understand that the donated days will be deducted from my accrued sick leave days currently on account.
- I affirm that after the donated days are deducted, I will have at least 35 sick leave days remaining in my account.

Printed Name

Signature

Date

(Check category)

_____ Active faculty member _____ Retiring faculty member _____ Other

HR USE ONLY

Number of days approved _____

Request denied _____

Reason for denial _____

Director of Human Resources

Date

Copies:
HR
Payroll
Donor