## SICK LEAVE DONATION AGREEMENT

I, Donating Employee's Nar	ne ,	Banner ID	, employed by
Institution	wish to dona	te	days/hours of sick leave to
Employee To Whom Donat	ing Leave	,	Banner ID
I understand the following:			
(1) I must currently have 20 days	of accrued si	ck leave.*	
(Example: 20 x 7.5 accrual rate =	150.0)		
(2) I must agree to donate a minir	num of 5 day	s of accrued	d sick leave.* ( Example: 5 x 7.5 = 37.5)
(3) I may not donate more than on (Example: $\frac{1}{2}$ x 150.0 hours = 75.0		sick leave	balance at the time of transfer.
(4) I may not donate more than 90 institution/school.	days of accr	ued sick lea	ave during my employment with this
(5) I agree that any unused sick le transferred to the Sick Leave Ban		nave donate	d to the employee stated above will be
*The accrual rate is based on my	percentage of	femployme	ent.
I am donating this leave of my ow to make this contribution.	n free will ar	d have not	t been unduly influenced in any manner
Donor's Signature		Date	
Witness		Date	
Witness		Date	<del></del>

## FOR OFFICE OF HUMAN RESOURCES USE ONLY (Record all data in hours.)

Is recipient a Sick Leave Bank member? Yes No	
Date certification of recipient's continuing disability was received:	
Donor's sick leave balance as of:	
Date to be transferred:	
Donor's balance at time of transfer:	
Number of hours transferred:	
Prior number of hours donated:	
APPROVED:	
Institutional Officer Date	