



Shared Sick Leave Bank – Donation Form

I, _____ authorize East Central College to deduct _____ hours of sick leave from my accrued sick leave balance and to transfer these donated hours to the college sick leave bank. It is understood that this is a one time authorization and that it cannot be revoked. Distribution of available hours from the shared sick leave bank will be managed by Human Resources as outlined under the Shared Sick Leave Policy 5.37. Transfer of available shared leave to a full-time employee's sick leave balance will require application from the disabled employee suffering from a serious illness or injury as outlined under Policy 5.37.

Employee ID # _____

Employee Signature

Date

To be completed by Human Resources

Employee's sick leave balance at time of donation _____

Amount of hours being donated _____

Hours left in Employee's sick leave _____

(Employee sick leave cannot fall below 240 hours at time of donation)

Approved

Disapproved

Human Resources

Date