



## Shared Sick Leave Bank – Donation Form

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

The College will maintain a Shared Sick Leave program for employees who are unable to work due to the employee's own serious illness, injury or impairment which requires continuing treatment/supervision by a health care provider and which is likely to cause the employee to take a prolonged leave without pay or likely to result in a substantial permanent disability leading to termination of employment or retirement with the College.

*An employee may donate up to 40 hours from his/her accrued sick leave in a fiscal year to the Shared Sick Leave bank as long as his/her accrued sick leave does not fall below 240 hours. Once a donation has been made to the Shared Sick Leave bank, it cannot be restored to the individual. Donations may be made during the months of September and May of each year.*

You can learn more about the general guidelines, eligibility, approval process, benefits and more by reviewing the Shared Sick Leave Program Policy 5.37.

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.

\_\_\_\_\_  
Employee Signature

### 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

Not Approved

\_\_\_\_\_  
Human Resources Signature/Date