

**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 5.36. 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