

# SICK LEAVE DONATION AGREEMENT

Donor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I wish to donate \_\_\_\_\_ hours/days of sick leave to:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I understand the following:

1. I must currently have 20 days accrued sick leave. (Example: 20 x 7.5 accrual rate = 150.0 hours)
2. I must agree to donate a minimum of 5 days of my accrued sick leave – accrual rate is based on percentage of employment. (Example: 5 days x 7.5 = 37.5 hrs)
3. I may not donate more than one-half my sick leave balance at the time of transfer. (Example:  $\frac{1}{2}$  x 150.0 = 75.0)
4. I may not donate more than 90 (675.0 hrs) days accrued sick leave during my employment with the University of Memphis.
5. I agree that any unused sick leave, which I have donated to the employee stated above, will be transferred to the Sick Leave Bank (NFSLB or FSLB).

I am donating this leave of my own free will and have not been unduly influenced in any manner to make this contribution.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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Is recipient a Sick Leave Bank member? \_\_\_\_\_ NFSLB \_\_\_\_\_ FSLB \_\_\_\_\_

Date certification of recipient's continuing disability was received \_\_\_\_\_

Donor's sick leave balance \_\_\_\_\_ hours as of \_\_\_\_\_

Number of hours transferred \_\_\_\_\_ hours

Revised sick leave balance \_\_\_\_\_ hours

Date to be transferred \_\_\_\_\_

Prior hours donated \_\_\_\_\_

APPROVED \_\_\_\_\_  
Institutional Officer Date