



Shared Sick Leave Pool Donor Application

Employee Name:	Banner ID No.:
Department:	Work Phone:

My signature below certifies that I am electing to donate _____ hours of sick leave to the Delgado Shared Sick Leave Pool. I understand that I cannot designate a particular employee to receive the donated leave. I also certify that this donation is being made voluntarily and that I have not been directly or indirectly intimidated, threatened or coerced or promised any benefit by any employee. I further certify that my leave donation does not cause my balance to fall below 120 hours and I understand that this leave cannot be restored to me once it has been transferred to the Shared Sick Leave Pool.

Signature

Date

**Application Form must be submitted to
Human Resources – Attention: Shared Leave Pool Manager
in an envelope or via email marked “Confidential.”**

For Payroll Manager Use Only			
I certify that the above listed employee has a sick leave balance sufficient to accommodate this donation request.			
Number of Hours of Accrued Sick Leave:	Number of Hours of Sick Leave Donated:	Date Deducted:	Remaining Sick Leave Balance:
If denied, reason for denial:			
Payroll Manager Name:		Payroll Manager Title:	
Payroll Manager Signature:		Date:	