# DcclogoShared 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:** |