



SHARED SICK LEAVE POOL MEMBERSHIP Open Enrollment Only

Name of Donor (Print) _____

Employee ID # _____

FTE (1.0, .75, .50) _____

Department and P.O. Box _____

Email _____

Phone # _____

I wish join the Shared Sick Leave Pool Program and to donate _____ hours of sick leave (8 hour minimum and 40 hour maximum, in 8 hour increments) during the open enrollment period effective for January 1, 20__ through December 31, 20__. To retain my membership 8 hours of sick leave will be automatically deducted each year. I am aware that if I wish to be removed from the program I must notify Human Resources in writing. Any leave deducted will not be reimbursed.

An employee who donates leave must retain a combined total of 40 hours of leave in his/her own annual and sick leave accounts (pro-rated for part-time employees). For example, if you are a half-time employee (.50 for staff or .38 for faculty), a combined total of 20 hours annual or sick leave must be retained.

I agree that my donation is strictly voluntary. I agree that the transfer hours have already been accrued. I agree that after my leave donation has been charged against my balance, it is irrevocable and **cannot be withdrawn**.

Signature of Donor Date

FOR USE BY THE SHARED LEAVE CERTIFICATION COMMITTEE

_____ Transfer approved _____ Transfer not approved

This is to advise you that your request to donate sick leave time cannot be accepted due to the following reason(s):

Signature of Authorizing Official Date

Rev:12/2011

Department of Human Resources & Employee Development

A Unit of the Division of Business & Finance

Location University Center • Entrance 5 • **Address** 1215 N. Patterson St. • Valdosta, GA 31698-0200

Phone 229.333.5709 • **Fax** 229.259.5030 • **Web** http://services.valdosta.edu/human_resources

A Regional University of the University System of Georgia & an Equal Opportunity Institution