

**TENNESSEE STATE UNIVERSITY
SICK LEAVE DONATION AGREEMENT**

OPTIONAL RETIREMENT PLAN (ORP) PARTICIPANT RETIREES DONATING TO SICK BANK (ONLY)!

I, _____, _____ employed by
(Donating Employee's Name) Banner ID (T Number)

_____ wish to donate _____ sick leave to
(Institution Name) Hours

the Tennessee State University Non-Faculty Sick Leave Bank

I understand the following:

1. By my signature on this form I am rescinding all claims and rights to these accrued leave hours, should I ever return to employment at this or any other TBR institution.
2. That accumulated sick leave hours have no financial value, and therefore there is no financial value associated with this donation.

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 Print Name

Date

Witness Print Name

Date