



Non-Faculty Sick Leave Bank Sick Leave Donation Agreement

I, _____, _____
(Donating Employee's Name) (Employee T Number)

wish to donate _____ days/hours of sick leave to

_____, _____
(Employee To Whom Donating Leave) (Employee T Number)

I understand the following:

1. I must currently have 20 days of accrued sick leave.
(Example: 20×7.5 accrual rate = 150.00 hours)
2. I must agree to donate a minimum of 5 days of accrued sick leave.
(Example: $5 \times 7.5 = 37.5$ hours)
3. I may not donate more than one-half of my sick leave balance at the time of transfer.
(Example: $\frac{1}{2} \times 150.0$ hours = 75.0 hours)
4. I may not donate more than 90 days of accrued sick leave during my employment with Tennessee State University.
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.

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

(Record all data in hours)

Is recipient a Non-Faculty Sick Leave Bank member? _____ Yes _____ No

Date certification of recipient's continuing disability was received: _____

Donor's sick leave balance as of date: _____

Number of hours transferred: _____

Date to be transferred: _____

Donor's balance at time of transfer: _____

Prior number of hours donated: _____

Approved: _____
Institutional Officer

Date