**TENNESSEE STATE UNIVERSITY   
SICK LEAVE DONATION AGREEMENT (Send to facultysickbank@tnstate.edu)**

**RETIREES (ONLY) DONATING TO SICK BANK**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Donating Employee’s Name) Banner ID (T Number)

I wish to donate\_\_\_\_\_\_\_\_\_\_\_\_ hours of sick leave to the Tennessee State University Faculty Sick Leave Bank.

My signature on this form certifies that I understand the following:

1. 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. Accumulated sick leave hours have no financial value, and therefore there is no financial value associated with this donation.

Employees should consider that sick leave may be counted toward years of service when calculating health insurance premiums for both ORP and TCRS members. In addition, for TCRS members, up to two years of sick leave may be counted toward service when calculating pension amounts.

I am donating this leave of my own free will and have not been unduly influenced in any manner to make this contribution.

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Donor’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness (Print Name) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness (Print Name) Date