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| --- | --- |
|  | 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 x 7.5 accrual rate = 150.00 hours)
2. I must agree to donate a minimum of 5 days of accrued sick leave.   
   (Example: 5 x 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: 1/2 x 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 Faculty 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 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