



Donor's Name: _____ Banner ID: _____

I wish to donate _____ hours/days of sick leave to:

Name: _____ Banner ID: _____

I understand the following:

1. I must currently have 20 days accrued sick leave. (Example: 20 x 7.5 accrual rate = 150.0 hours)
2. I must agree to donate a minimum of 5 days of my accrued sick leave – accrual rate is based on percentage of employment. (Example: 5 days x 7.5 = 37.5 hrs)
3. I may not donate more than one-half my sick leave balance at the time of transfer. (Example: 1/2 x 150.0 = 75.0)
4. I may not donate more than 90 (675.0 hrs) days accrued sick leave during my employment with the University of Memphis.
5. I agree that any unused sick leave, which I have donated to the employee stated above, will be transferred to the Staff 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

FOR HUMAN RESOURCES USE ONLY

Is recipient a Sick Leave Bank member? _____ Staff _____ Faculty _____

Date certification of recipient's continuing disability was received _____

Donor's sick leave balance _____ hours as of _____

Number of hours transferred _____ hours

Revised sick leave balance _____ hours

Date to be transferred _____

Prior hours donated _____

APPROVED _____
HR Associate Date