



**ORP Retiree Sick Leave
Donation Agreement**

As a retiree of the Optional Retirement Plan (ORP), I would like to donate my entire sick leave balance 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.

I understand that by donating my sick leave, my sick leave balance with the University will be reduced to zero hours. For any future employment with the University or State of TN agency, I will have no sick leave hours available to be transferred.

Retiree Name

Retiree Signature

Date

FOR HR USE ONLY

Retiree Banner UID: _____

Sick Leave Balance: _____ hours as of _____

Retirement Date: _____

HR Approval Signature: _____ Date: _____