McNeese State University
Human Resources

DONATION TO SHARED SICK LEAVE POOL FORM

Employee Name_____

ID#_____ (filled out in HR)

Amount of Sick Leave donated to Shared Sick Leave Pool _____hours

I wish to donate sick leave hours as designated above. I understand that I cannot reclaim these donated hours as they have been processed into the Shared Sick Leave Pool.

_____ _____
Employee Signature **Date**

_____ _____
Director of Human Resources **Date**

****FOR HUMAN RESOURCE USE ONLY****

Current Sick Leave Balance_____ hours

Adjust leave records in accordance with this request from _____hours

To _____hours

_____ _____
Leave Pool Manager **Date**