

Sick Leave Bank Donation Form

(Enrollment may be submitted annually during the enrollment period or within 30 days of completion of the six-month provisional period)

The Sick Leave Bank is a voluntary policy (replacing Sick Leave Pool) to provide additional paid leave for employees who have exhausted their accrued sick and vacation benefits as a result of a “serious health condition” as defined by Family Medical Leave Act. Voluntary participation in the Sick Leave Bank is available to all **full time regular employees** with an accrued sick leave balance of **six days**. Participation in the program requires annual donation into Sick Leave Bank of **two days**.

Membership in the Sick Leave Bank is for the calendar year (January 1 – December 31) and will begin upon employee’s donation of two days of sick leave. Membership continues, provided two additional days of sick leave are donated each calendar year.

Please fill out electronically and submit completed form to the Office of Human Resources.

Section 1. *(To be completed by employee donating leave)*

Name: _____, _____ MSU I.D. #: _____
Last First

Position Title: _____ Office Extension: _____

I _____ voluntarily donate **two days** of my compensable sick leave to the Sick Leave Bank. I understand the days I donate will be deducted from my sick leave balance.

Signature

Date

* Sick Leave Bank replaces Sick Leave Pool and all sick leave days remaining in Sick Leave Pool will be transferred to the Sick Leave Bank.

Section 2. *(To be completed by the Office of Human Resources)*

Date Received: _____ Sick Leave Balance: _____

Request Approved: _____ Request Denied: _____

Reason for Denial:

Sick Leave Bank Administrator

Date