

SICK LEAVE POOL DONATION

Date: _____

Last Name: _____ First Name: _____ MI: _____

Maiden Name (if applicable): _____

RE: Donation to the Sick Leave Pool upon My Separation from UWF/Retirement

I wish to donate _____ hours (up to 16 hours) of my sick leave to the University of West Florida Sick Leave Pool upon my Separation/Retirement on _____. I understand that this deduction will be made from my sick leave balance prior to the processing of any leave payouts (if applicable).

CC: Supervisor
Employee Personnel File

To Be Completed By Sick Leave Pool Administrator

Current Sick Leave Balance: _____ as of _____.

Hours Contributed: _____

Date Transferred: _____

Sick Leave Pool Administrator

Date