

FOR OFFICE OF HUMAN RESOURCES USE ONLY (Record all data in hours.)

Is recipient a Sick Leave Bank member? ____ Yes ____ No

Date certification of recipient's continuing disability was received: _____

Donor's sick leave balance as of _____: _____

Date to be transferred: _____

Donor's balance at time of transfer: _____

Number of hours transferred: _____

Prior number of hours donated: _____

APPROVED: _____

Institutional Officer

Date