

SICK LEAVE DONATION AGREEMENT

OPTIONAL RETIREMENT PLAN (ORP) PARTICIPANT RETIREES DONATING TO SICK BANK (ONLY)!

I, _____, _____, employed by
Donating Employee's Name Banner ID

_____ wish to donate _____ sick leave to
Institution Name Hours

Faculty Sick Leave Bank

Non-Faculty Sick Leave Bank

I understand the following:

- (1) By my signature on this form I am rescinding all claims and rights to these accrued leave hours, should I ever return to employment at this or any other TBR institution.
- (2) That accumulated sick leave hours have no financial value, and therefore there is no financial value associated with this donation.

I am donating this leave of my own free will and have not been unduly influenced in any manner to make this contribution.

Donor's signature

Date

Witness Print Name

Witness signature

Date