

SHARED SICK LEAVE PROGRAM

Enrollment January 2020



Donor Transfer Certification

Employee Name (print)	Employee ID #	Work Phone #
Department	Alternate Phone #	Email
Full-time Equivalent (FTE) (40 hrs./week = 1.0; 30-40 hrs./week = .75; 20-30 hrs./week = .50)*		

I have read and understand the Shared Sick Leave Policy and have been given the opportunity to ask questions.

_____ (initial here)

I agree to donate my accrued leave to be used as part of the Shared Sick Leave Program. This donation is made during the open enrollment period for 2020. Through this donation I am eligible between January 1, 2020 and through December 31, 2020 to participate in the Shared Sick Leave Program and apply for benefits if eligible.

I acknowledge participation in the Shared Sick Leave Program requires a combined balance of at least 40 hours of leave in my sick and annual leave accrual accounts following my donation (pro-rated for part-time employees). For example, if I am a half-time employee, I have a combined balance of at least 20 hours leave.

I agree that my donation is strictly voluntary. I further agree that after my leave donation has been charged against my balance, it is irrevocable and cannot be withdrawn.

I understand that as a member of the Shared Sick Leave program my accrued balance could be charged an additional 8 hours leave should the Shared Sick Leave Pool reserve drop below 120 hours. I also understand that I will be notified prior to the additional deduction from my account and that I have the opportunity to withdraw from the program within 5 days of notification to avoid the additional deduction of 8 hours. I will not be able to claim benefits in this program after I withdraw. _____ (initial here)

Number of Hours Leave Voluntarily Donated						
Sick	8		16		24	Other (in increments of 8)
Annual/Vacation	8		16		24	Other (in increments of 8)

Employee Signature

Date

I authorize the following family members to apply for Shared Sick Leave on my behalf if I am unable to do so.

Name (print)	Relationship

FOR USE BY THE SHARED SICK LEAVE CERTIFICATION COMMITTEE

Transfer Approved (keep in employee benefits file)

Transfer Denied (return to employee, keep copy in employee benefits file)

Your request to donate leave cannot be accepted due to the following reason(s):

Signature – Shared Sick Leave Administrator

Date

*This program is available to benefits eligible employees only.