

Shared Leave Donation Form
FACULTY/KNEA SHARED LEAVE PROGRAM
Pittsburg State University

Academic Year _____

To be completed by the donating employee:

Name _____ ID# _____

Department _____ Extension _____ E-mail _____

Sick Leave Hours Donated: _____ *(80 hours maximum donation per academic year)*

I certify that my donation to the KNEA/Faculty Sick Leave Pool is voluntary. I understand that this donation is irrevocable.

Employee Signature

Date

*Keep a copy for your records.
Return the original to Human Resource Services,
204 Russ Hall*

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Human Resource Services Use Only:

T&L _____
Date

Original: Donating employee's personnel file.