

**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.