



SICK LEAVE POOL DONATION FORM

Employee Name (please print)

College ID Number

Department

FT/PT Regular Hours/Wk

Initial Enrollment

- I decline to donate to the sick leave pool
I elect to donate to the sick leave pool

Number of Days of Sick Leave Donated
Minimum 1 day, Maximum 10 days.

Equivalent Number of Hours Donated

Sick leave must be donated in full-day increments (based on FT/PT status and the number of regular hours worked per week). For example:

- Full-time 40 hours / week: 1 Day = 8.0 hours
Half-time 20 hours / week: 1 Day = 4.0 hours
Full-time 35 hours/ week: 1 Day = 7.0 hours
Half-time 17.5 hours/week: 1 Day = 3.5 hours

I understand in order to make a withdrawal from the sick leave pool, I must be a member. Membership is established by donating at least one sick day based on the guidelines of the Sick Leave Pool Program located at: https://www.washcoll.edu/offices/human-resources/college-policies-sick-leave-donation.php.

Employee Signature

Date

EXITING EMPLOYEES

- I elect to donate my remaining Sick Leave hours to the Sick Leave Pool.
I decline to donate my remaining Sick Leave hours to the Sick Leave Pool.

Number of Days of Sick Leave Donated
Minimum 1 day, Maximum 10 days.

Equivalent Number of Hours Donated

Employee Signature

Date

FAX TO 410-810-7105 OR MAIL COMPLETED FORM TO LEANNE PETRIDES IN THE BUSINESS OFFICE -- Thank you for your donation.