

**SHARED SICK LEAVE PROGRAM FOR FACULTY  
AND UNCLASSIFIED EMPLOYEES**

**Leave Donation Form**

I hereby authorize the University of New Orleans to deduct from my sick leave account \_\_\_\_\_ accrued hours\* and place them in the University Shared Sick Leave Pool. This donation of leave is made with the understanding that it is irrevocable and will not be refunded to me. I understand that I can donate a total of only 16 hours of accrued sick leave every three (3) years.

I acknowledge that if I am a member of the Teachers' Retirement System of Louisiana (TRSL), my donated sick leave hours will be reported to TRSL as sick leave days used.

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Minimum donation is one (1) day or 8 hours

Instructions: Complete the above form and submit to the Payroll Manager's Office.