Sick Leave Pool Contribution Form



| Print Name (Last, First, MI) | Lamar ID | |
|------------------------------------|--|----------------------|
| Department | Title | |
| I voluntarily donate the following | number of hours to the Sick Leave Pool: | |
| | their entire remaining balance of sick leave. ate a maximum of 24 hours. Contributions must l | be made in eight (8) |
| Signature | Date | |
| HR Leave Coordinator | | |
| VPHR/Assoc HR Director | | |
| Date Processed | _ | |