Sick Leave Pool Contribution Form



Print Name (Last, First, MI)	Lamar ID
Department	Title
voluntarily donate the following number of hours to the Sick Leave Pool: ontributions must be made in eight (8) hour increments. ctive employees may only donate one (1) to three (3) days (8 to 24 hours) each fiscal year. erminating employees may donate a maximum of 24 hours. etiring employees may donate their entire remaining balance of sick leave. ignature Date R Leave Coordinator	
. Active employees may only donate of Terminating employees may donate	ne (1) to three (3) days (8 to 24 hours) each fiscal yea a maximum of 24 hours.
Signature	Date
HR Leave Coordinator	
HR Director/AVPHR	
Date Processed	