

Employee Request to Donate Sick Leave to Southern Nazarene University Shared Leave Program

Why Donate Leave? Employees experiencing a “medical emergency condition” that limits their ability to work do not always have enough paid leave hours to cover their time off. These employees have the option to request a donation of Shared Sick Leave from the Southern Nazarene University Shared Leave Program. This is a university-sponsored program under which SNU employees can voluntarily donate sick leave hours to a shared leave pool. The Director of Human Resources manages the leave pool and awards leave time based on eligibility and availability. You may donate any amount so long as your remaining sick leave is at least 50% of your annual accrual. Departing employees may donate 100% of their balance.

Thank you for donating your leave to the Employee Shared Leave Pool. If you have any questions about this form or the donation process, please contact the Director of Human Resources at 405-491-6333.

Part A - To be completed by the employee donating leave		
First Name:	Last Name:	Daytime Phone #:
Department:	Email Address:	
<input type="checkbox"/> I am a current employee and I want to donate sick leave to the Shared Leave Pool. I understand that I must retain a sick leave balance equal to or greater than 50% of my annual accrual.		
<input type="checkbox"/> I am a departing employee and I want to donate sick leave to the Shared Leave Pool.		
Number of hours I want to donate:		
I agree that my donation is voluntary and may be deducted from my sick leave balance immediately.		
Signature:		Date:
Part B - To be completed by the Director of Human Resources.		
Donor's Employee ID Number:	Date of Hire:	
Donor's Current Sick Leave Balance:	Donor's Annual Accrual:	
Signature:		Date:

Return the completed form to the Director of Human Resources