

## Shared Sick Bank Program

### Sick Time Donation Form

<b>Name</b>		<b>Date of Donation</b>	
<b>Title</b>		<b>Employee ID</b>	
<b>Department</b>		<b>Hire Date</b>	
<b>Email</b>		<b>Phone Number</b>	

I would like to voluntarily donate my accrued, unused sick time to Emerson College’s Shared Sick Bank Program (the “Program”) as follows:

<b>Staff working a 40 hour workweek or part-time based on 40 hours</b>
<p><b>Click one:</b>          I am full time working 40 hours a week          I am part-time working (please indicate hours) _____ hours per week</p> <p><b>I wish to donate the following amount (click one):</b>          One (1) day, eight (8) hours, or pro-rated based on part-time schedule          Two (2) days, sixteen (16) hours, or pro-rated based on part-time schedule          Three (3) days, twenty-four (24) hours, or pro-rated based on part-time schedule          Four (4) days, thirty-two (32) hours, or pro-rated based on part-time schedule</p>
<b>Staff working a 36.25 hour workweek or part-time based on 36.25 hours</b>
<p><b>Click one:</b>          I am full time working 36.25 hours a week          I am part time working (please indicate hours) _____ hours per week</p> <p><b>I wish to donate the following amount (click one):</b>          One (1) day, seven and ¼ (7.25) hours, or pro-rated based on part-time schedule          Two (2) days, fourteen and ½ (14.50) hours, or pro-rated based on part-time schedule          Three (3) days, twenty-one and ¾ (21.75) hours, or pro-rated based on part-time schedule          Four (4) days, twenty-nine (29) hours, or pro-rated based on part-time schedule</p>

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**Please check both of the following.**

In donating this time, I understand that the sick time days I agree to voluntarily donate will be deducted from my current available sick time balance and transferred to the Shared Sick Bank. Once these sick time days are transferred to the Shared Sick Bank, they may not be retracted.

**I understand and acknowledge that my participation in the Program is strictly voluntary and that I have not been coerced, threatened, intimidated or financially induced to participate in the Program.**

**By signing and dating below, I confirm that I have read and agree to the terms outlined in the Shared Sick Bank Program document.**

Staff Member Signature

Date

**HUMAN RESOURCES ONLY:**

HR Leave of Absence Administrator Signature  
(Indicates Receipt and Review)

Date