

O WITC[ 'UVCVG'WP&GTUN[
UKEMNGCXG'DCPM'GPTQNNO GP V 'HQTO

Ugevlqp'K0''Go r m{ gg'Kphqt o cvlqp'Rgcug'Rt lpv+

Employee Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ M No. \_\_\_\_\_

Department \_\_\_\_\_ Position Title \_\_\_\_\_ Office Phone No. \_\_\_\_\_

My normal work day is [ ] 7.5 hours [ ] 8.0 hours [ ] other \_\_\_\_\_

Ugevlqp'K0'UeniNgcxg'F qpcvlqp

I hereby agree to donate the following number of sick days to the Murray State University Sick Leave Bank:

[ ] (1) one day [ ] (2) two days [ ] (3) three days

I understand that this donation is irrevocable and I cannot assign the donation to any specific individual. I also understand that membership is limited to employees who have a sick leave balance of six (6) or more days at the time of their initial contribution.

Ugevlqp'K0'Cwj qt k cvlqp

(1) \_\_\_\_\_ Date \_\_\_\_\_
Employee's Signature

(2) \_\_\_\_\_ Date \_\_\_\_\_
Human Resources Signature

''''''''''''''''Tgwtp'Gptqno gpvHqt o 'vq'J wo cp'Tguwt egu'

HQT'QHHEG'WUG'QPN[
Hire Date \_\_\_\_\_ Employee Sick Leave Balance as of 12/31/01 \_\_\_\_\_
Sick Hours Transferred to Sick Leave Bank \_\_\_\_\_ New Sick Leave Balance as of 01/01/02 \_\_\_\_\_
Date Transfer Completed by Payroll \_\_\_\_\_