



## Shared Sick Leave Program Donation Form (Confidential)

**Donor Information:**

Last Name	First Name	Employee G#
Job Title/Department	Work Phone	Contact Phone

**Donation** (maximum 75 hours annually):

I wish to donate \_\_\_\_\_ accrued sick hours for the Shared Sick Leave Program (Faculty or Staff).

I wish to donate \_\_\_\_\_ accrued vacation hours for the Shared Sick Leave Program (Staff Only).

**Terms and Conditions:**

1. I understand that donations must be made in increments of whole hours.
2. I am donating these hours freely and have not been forced or coerced into doing so.
3. My donation, once processed and transferred through payroll, is irrevocable.
4. For MOSERS participants: An employee’s donated sick leave hours will be immediately deducted from their accrual balance. Those hours will no longer be reported to MOSERS upon separation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit signed and completed form to Human Resources at [mmiller42@missouriwestern.edu](mailto:mmiller42@missouriwestern.edu) or by hardcopy via interoffice mail. Questions regarding this program should be directed to Human Resources at 816-271-4587.

HR Approval: \_\_\_\_\_ Date: \_\_\_\_\_