

# Sick Leave Pool Contribution Form



\_\_\_\_\_  
Print Name (Last, First, MI)

\_\_\_\_\_  
Lamar ID

\_\_\_\_\_  
Department

\_\_\_\_\_  
Title



I voluntarily donate the following number of hours to the Sick Leave Pool:

\_\_\_\_\_

Retiring employees may donate their entire remaining balance of sick leave.  
Terminating employees may donate a maximum of 24 hours. Contributions must be made in eight (8) hour increments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Leave Coordinator

\_\_\_\_\_  
VPHR/Assoc HR Director

\_\_\_\_\_  
Date Processed