



Human Resources

**Donated Sick Leave Program
APPLICATION FOR MEMBERSHIP**

I am formally requesting membership in the Kennesaw State University’s Donated Sick Leave Program under the terms specified in the Program description.

1. I wish to donate _____ hours of sick leave (8 hour minimum up to half of your sick leave accruals; you must retain 40 hours of sick leave accruals) to be used as part of the Donated Sick Leave Program. Upon acceptance for initial membership, the donated hours of leave will be deducted from my sick leave balance. I may be asked to deduct another eight hours of leave if the donated pool balance ever is reduced to 120 hours. Further, I understand this additional deduction will occur unless I inform Human Resources, in writing, within ten workdays of the date I am notified of the need for additional deduction, of my wish to discontinue membership.
2. My request to use donated sick pool hours must be made in writing to Human Resources by my representative or myself. I understand that I may request up to 6 weeks of donated sick leave at a time for a serious health condition for myself and I may request an additional 6 weeks if I exhaust the first 6 weeks up to a maximum of 12 weeks in a 24 month period.
3. Donated sick leave payments will be coordinated with any disability insurance benefits I may have available and I will not receive more than my current salary after all benefits from applicable programs are applied.
4. I must provide proper verification as required by Human Resources before I will be granted sick leave benefits.
5. My participation in the pool is at all times voluntary and I may request in writing, at any time, that my membership be canceled. I understand that any hours I have contributed will remain in the pool upon cancellation of membership or termination of employment.
6. I acknowledge the granting of donated hours in no way limits the University’s rights to proceed with any employment action. Should I transfer, retire, resign or be terminated from Kennesaw State University employment, I understand I will be terminated from the sick leave pool on the date of the personnel action and any sick leave hours donated to the pool will remain in the pool and I will not receive payment for these hours.
7. Should enrollment drop below 50 employees, the pool shall become inactive until the next Open Enrollment period.

Please Complete the Following:

Last Name	First Name
Department	E-mail address
Work Phone	

PRINT form, SIGN and return to Human Resources by fax to 470-578-9174, by e-mail to benefits@kennesaw.edu, by campus mail to MD 9120 or in person. Human Resources is located in the Town Point Building.

Signature	Date
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To be completed by HR:

_____ **Application Approved (employee has 6 months of service, 40 hours in their sick leave balance after donation and is not currently on Leave of Absence from the University)**

_____ **Application not Approved because** _____