

**Wayne State College
Crisis Leave Sharing Program
Shared Leave Donation Form**

EMPLOYEE INFORMATION:

NAME: _____

DEPARTMENT: _____

CLASSIFICATION:

SUPPORT STAFF PROFESSIONAL STAFF FACULTY

INDICATE AMOUNT YOU ARE DONATING BELOW

COMP TIME DAY(S) DONATED: _____

VACATION DAY(S) DONATED: _____

SICK DAY(S) DONATED: _____

***DONATIONS MUST BE MADE IN FULL DAY INCREMENTS**

I understand that my leave balance(s) will be decreased immediately by the day(s) I am donating as noted above, and the day(s) will be credited to the Crisis Leave Sharing Pool to be distributed as approved by the Crisis Leave Sharing Program Committee.

SIGNATURE: _____ DATE: _____

ONCE PROCESSED AND TRANSFERRED, DONATIONS ARE IRREVOCABLE.

FOR MORE INFORMATION ON THIS PROGRAM, PLEASE REFERENCE APPLICABLE BARGAINING AGREEMENT (SCEA, NSCPA or NAPE) OR BOARD POLICY (5102, 5103 or 5104)

Return completed form to Human Resources.