LEWIS & CLARK COLLEGE

SICK LEAVE SHARING PROGRAM

PLEDGE CARD

DONOR EMPLOYEE INFORMATION

Employee Name:	ID Number:
Department:	Exempt ☐ Non-Exempt ☐
Regular Hours per Week:	

ELIGIBILITY TO DONATE

Are you a benefit-eligible employee?	Yes ☐	No ☐
Do you have one (1) year of continuous service with Lewis & Clark?	Yes ☐	No ☐
Have you contributed more than five (5) days of sick leave in the last twelve (12) months?	Yes ☐	No ☐
Will this donation of sick leave drop your balance below ten (10) days after the transfer?	Yes ☐	No ☐

SICK LEAVE PLEDGE

How many days of sick leave would you like to donate?	☐1 ☐2 ☐3 ☐4 ☐5 days
Do you wish to donate sick leave to a designated individual?	Yes ☐ No ☐
If yes, to whom?	
Recipient's Department:	

CERTIFICATION OF DONATING EMPLOYEE

I voluntarily donate the above number of days of my sick leave to the Sick Leave Sharing Program or to the Recipient Employee listed above. I understand that my sick leave balance will be reduced by the specified days and that this decision is irreversible as of the date this form has the required signatures.

Donating Employee's Signature Date

CERTIFICATION OF DONOR'S DIVISION OR DEPARTMENT HEAD (OR DESIGNEE)

I certify that the employee listed above has a sufficient sick leave balance to donate as stated above. I authorize the Business Office to transfer up to the total number of days to the Sick Leave Sharing Program or to the Recipient Employee listed above.

Division or Department Head's (or designee's) Signature Title Date

Fax to 503-768-6233 or mail completed form to Human Resources, MSC 72
Thank you for your donation.