

FACULTY SICK LEAVE DONATION AUTHORIZATION FORM

Pursuant to the Letter of Agreement addressing Article 25 of the collective bargaining agreement between WOU and WOUFT (CBA) concerning the Donated Leave Bank and memorializing an understanding between WOU and WOUFT related to administration of the article. Specifically, this Letter of Agreement intends to resolve questions concerning the maximum donation of sick leave possible by a single faculty member who is leaving regular university employment. The Letter of Agreement represents the collaborative and common understanding of the named parties.

I voluntarily agree to donate the designated sick leave hours referenced below. I understand that any hours donated are not recoverable.

Name	V#
Department/Division	

Full hours donated (Donations must be made in whole numbers - NO FRACTIONS, up to 520 hours)

Separation date	Sick leave hours

Donor's Signature/Date