

Application for Enrollment – Unclassified Donated Leave Bank

Pursuant to the *Unclassified Donated Leave Bank* policy, unclassified professional staff may apply to enroll in the Unclassified Donated Leave Bank during a) the annual enrollment period from December 1st – December 31st, b) the 14 days immediately following the date an employee passes their initial six months (1,039 hours), or c) special enrollment periods as determined by Human Resources. Please complete this form to apply for enrollment in the Unclassified Donated Leave Bank during these periods.

Should you have any questions, please do not hesitate to contact Human Resources at hr@wou.edu or (503)838-8490.

General Information	
Employee Name:	
V#:	
Date of Request:	
Department:	
Position Title:	
Hire Date:	
Email:	

Additional Donation (Optional)
In addition to the 8 hours to be deducted annually each January, I would like to make a one-time donation of _____ hours of sick leave to the Unclassified Donated Leave Bank. My current sick leave balance will not drop below 40 hours due to this one-time donation. This one-time donation will be reflected on next month's leave accruals.

By signing below, I agree to the following:

1. I request enrollment for membership in the Western Oregon University Unclassified Donated Leave Bank effective immediately.
2. I understand that my membership in the Donated Leave Bank is subject to the terms and conditions of the *Unclassified Donated Leave Bank* policy and that by signing this application form, I agree to be governed by said Administrative Policy.
3. I further authorize Human Resources to deduct 8 hours of sick leave annually in January from my accrued sick leave bank.
4. This authorization shall continue from year to year unless and until I provide Human Resources with written notice of my intent to discontinue membership.

Signature	Date

Please return this completed form to Human Resource via hard-copy or via email to hr@wou.edu.