



Voluntary Sick/Vacation Leave Donation Form

Name: _____ Employee # _____

Department: _____ Faculty Staff

Number of Hours Donated: _____ Sick / Vacation (Circle one)

Maximum Annual Donation: 10 days

I am voluntarily donating the above sick/vacation time to NKU’s Sick Leave Bank for distribution by the Benevolent Association. I understand that this will reduce permanently the number of days of my personal sick/vacation leave accrual in making this donation.*

My signature acknowledges this donation:

Signature

Date

Processed by: (HR) _____ (Payroll) _____

*Note: KERS Participants – Sick leave hours accumulate toward length of service upon retirement for employees in Tier 1 (KERS participation date prior to 9/1/2008).