



**Faculty Donated Leave Bank Enrollment Form/Opt In Or Opt Out**

**Employee Information**

V#	Last Name	First Name	Middle Name

Contact Phone Number	Email Address	Department	Position

Date of Request	Hire Date

**Sick Leave Donation Information**

Pursuant to Article 26, of the Collective Bargaining Agreement with Western Oregon University Chapter, American Federation of Teacher, Local 2278, I voluntarily agree to opt in to the Donated Sick Leave Program and irrevocably donate eight hours of accrued sick leave for use by an eligible University AFT bargaining unit employee as sick leave.

I hereby request enrollment for membership in the Western Oregon University Donated Leave Bank effective immediately.

I understand that my membership in the Donated Leave Bank is subject to the terms and conditions of the collective bargaining agreement with the Union, Donated Leave Bank, and that by signing this application form, I agree to be governed by said Administrative Policy.

I further authorize the Human Resources Office to deduct 8 hours of sick leave annually from my accrual account. I understand that, to continue enrollment in the Donated Leave Bank, I must donate the minimum amount of leave time determined as necessary to maintain the Leave Bank whenever there is a call for donations.

This authorization shall continue from year to year unless and until I provide the Human Resources Office with written notice of my intent to discontinue membership.

I also understand that all donations are irrevocable.

**I OPT IN TO THE DONATED SICK LEAVE BANK, or**

Signature to Opt IN	Date

**I OPT OUT OF THE DONATED SICK LEAVE BANK**

A member may opt out of the sick leave bank during the open enrollment call. If a member opts out of the program, they do not receive their previously donated hours and they are not eligible to participate in the program.

Signature to Opt OUT	Date

**Route form to Human Resources for processing.**

**HR Internal Use ONLY**

Date Received	Hours Donated	Received By:	Notes