GEORGIA COLLEGE & STATE UNIVERSITY

SHARED SICK LEAVE PROGRAM - ENROLLMENT FORM

Employee Name: _____

OneUSG ID: _____ Department: _____

Phone #: _____ Email: _____

Hire Date: _____ Supervisor: _____

I have successfully completed my provisional period: ☐ Yes ☐ No

I wish to donate _____hours of sick leave (8 hours minimum and 80 hours maximum) to be used as part of the Shared Sick Leave Program. The sick leave will be transferred to the shared sick leave poll effective January 1st unless otherwise notified.
Enrollment Date:

I hereby acknowledge the following:

- I agree that my donation is strictly voluntary.
- I understand that I must donate a minimum of eight (8) hours and retain at least 40 hours of sick leave in my own account when donating sick leave. Hours are pro-rated for part-time employees.
- I agree that the hours that I am donating have already been accrued.
- I understand that after my leave donation has been charged against my leave balance, it is irrevocable and cannot be withdrawn.
- I understand that if the leave pool is depleted, I will be notified and automatically charged eight (8) hours, unless I wish to withdraw at that time.
- If you are granted the maximum (480) sick leave from the year, you must submit a new enrollment form during Open Enrollment in order to participate in the upcoming year, and meet all eligibility requirements during re-enrollment

I have read and understand the policies related to the **Shared Sick Leave Program** and agree to participate by signing my name and dating below.

Employee Signature: _____ Date: _____

INSTRUCTIONS: Please complete and return this Shared Sick Leave Enrollment form to benefits@gcsu.edu. **DO NOT** send this completed form via inter-office mail!

FOR USE BY THE OFFICE OF HUMAN RESOURCES

☐ Leave Donation Approved ☐ Leave Donation Denied Effective Date of Leave Transfer _____

Denial reason and/or comments:

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