

Office of Human ResourcesAttn: Karen Kraus / Senior Leaves Administrator . kkraus@pdx.eduPost Office Box 751
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www.pdx.edu/hr**AAUP Donated Sick Leave Bank Enrollment / Opt In or Opt Out****Employee Information**

PSU ID Number	Last Name	First Name	Middle Name

Contact Phone Number	Email Address	Dept. Name	Position Number

Sick Leave Donation Information

Pursuant to Article 32, Section 2 of the Collective Bargaining Agreement with Portland State University Chapter, American Association of University Professors, I voluntarily agree to opt in to the Donated Sick Leave Program and irrevocably donate three hours of accrued sick leave for use by an eligible University AAUP bargaining unit employee as sick leave.

I understand the following:

- Bargaining unit members may enroll in the Sick Leave Bank at such times as employees are generally permitted to make or change employee benefit selections, including at the beginning of employment, during the annual open enrollment period, or due to a qualifying life event. New bargaining unit members will be provided information regarding the Sick Leave Bank at the time that they are hired.
- Donations shall be deducted from the donor's sick leave bank and charged to the donator's department at their current regular hourly rate of pay including OPE.
- **All donations are irrevocable.**
- During benefits open enrollment an AAUP member can choose to opt out of the sick leave bank.

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

Signature to Opt In		DATE	
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☐ **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	
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Route original form to the Leaves Manager in the Office of Human Resources for Federal Record Keeping requirements and HR approval. **Mail Code: HRC**

HR Internal Use

Labor Distribution Index	Hours donated	OPE
	3	

HR Representative Signature	Title	Date
	Sr. Leave Administrator	

Instructions for Sending Form via email:

Signature: Type your name and date into the appropriate signature box.

Email the completed form from YOUR PSU email address to Karen Kraus, Sr. Leaves Administrator: kkraus@pdx.edu.