

Office of Human Resources

Attn: Karen Kraus / Senior Leaves Administrator

Post Office Box 751
Portland, Oregon 97207-0751503-725-4926 tel
503-725-5896 fax1600 SW 4th Avenue, Suite 518
Portland, Oregon 97201askhrc@pdx.edu
www.pdx.edu/hr**AAUP Sick Leave Donation Request****Employee Information**

PSU ID Number	Last Name	First Name	Middle Name

Contact Phone Number	Email Address	Leave Dates	Initial Request	Additional Req.
			Y N	Y N

Employee Request

I request to use Sick Leave Bank in accordance with Article 32, Section 2 of the Collective Bargaining Agreement with Portland State University Chapter, American Association of University Professors.

I understand that application for donated sick leave shall be in writing and sent to the University's Human Resource Department, accompanied by the treating physician's written documentation showing the need for leave following the projected exhaustion of my accumulated sick leave.

I understand the following:

- I am not eligible for sick leave donations if I am receiving short or long term disability, or I am using unearned sick leave.
- I am eligible for sick leave donation if I am receiving Worker's Compensation payments as long as my pay does not exceed my regular income.
- Initial maximum donation will be for 30 working days based on the members FTE.
- If I need additional leave at the end of the initial 30 days, you may request an additional 30 days based on FTE.

I have read Article 32, Section 2 of the AAUP Collective Bargaining Agreement and understand my rights and responsibilities.

Employee Signature

Signature	Date

Acknowledgement / Approvals

Route original form to the Leaves Manager in the Office of Human Resources for Federal Record Keeping requirements and HR approval. **HR approval is subject to receipt of the applicable certification form. Mail Code: HRC**

HR Representative Signature (indicates approval)	Title	Date