Sick Leave Pool Contribution Form



Print Name (Last, First, MI)	Lamar ID	
Department	Title	
I voluntarily donate the following r	umber of hours to the Sick Leave Pool:	
	neir entire remaining balance of sick leave. te a maximum of 24 hours. Contributions must be made in eigh	t (8)
Signature	Date	
HR Leave Coordinator		
VPHR/Assoc HR Director		
Date Processed		