

**Abilene Christian University  
Application to Donate Leave to the Shared Leave Bank**

Employee's Name

Banner ID #

Position/Department

Number of Shared Leave Bank Hours to be Voluntarily Donated:

Balance of Sick Leave hours after Donation (must be at least 320)

This is to certify that I have read and agree to abide by Policy # 314-A of the ACU Employee Handbook, entitled Shared Leave Bank, and that I understand this decision is voluntary and cannot be revoked.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

***Forward this request to the Human Resources Department (AD 213) or ACU Box 29106***

***To be Completed by the University***

Request has been \_\_\_\_\_ Approved for \_\_\_\_\_ shared leave donation bank hours  
\_\_\_\_\_ Denied because: \_\_\_\_\_  
\_\_\_\_\_

By \_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date

Forwarded to Payroll on \_\_\_\_\_ (date)