



**GRAMBLING STATE UNIVERSITY  
SHARED SICK LEAVE PROGRAM**

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**Sick Leave Donation Form**

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I \_\_\_\_\_ (Print Name)  
G# \_\_\_\_\_ hereby authorize Grambling State University to deduct from  
my sick leave account \_\_\_\_\_ accrued hours and place them in the University Shared  
Sick Leave Pool. This donation of leave is made with the understanding that it is irrevocable and  
will not be refunded to me.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date: \_\_\_\_\_  
HR Staff

\_\_\_\_\_  
Date: \_\_\_\_\_  
Payroll Staff

**\*Minimum donation is one (1) day or 8 hours**

**Instructions:** Complete the above form and submit to the Payroll Office and a copy to the Office  
of Human Resources.