American University Flu Leave Donation Form

Name: _____

Department: _____

Job Title: _____

I wish to transfer _____ hours (minimum of seven) of sick leave from my sick leave balance to the flu leave bank account for use by any eligible staff recipient who may need the leave due to the flu during academic year 2009-2010. I understand that the voluntary transfer of my sick leave will occur the first pay period after Payroll receives and approves this authorization. I understand that once leave is donated it will not be returned.

Signature of Donor: _____ Date: _____

Send the flu leave donation form to payroll through campus mail, fax x1033, or scan and e-mail to payroll@american.edu.

9/15/2009