

**UNIVERSITY OF CONNECTICUT
PROFESSIONAL EMPLOYEES ASSOCIATION
SICK LEAVE BANK DONATION FORM**

I hereby agree to donate the following amount of my accrued time to UCPEA's Sick Leave Bank.

Number of Days *(in full or half-day increments)*

Vacation Time

Holiday Time

I have attached a **COPY** of the **July 17** payroll card reflecting this donation in the "Comment" section.

I understand this donation is irrevocable and I cannot assign the donation to any specific individual.

Signature

Date

Printed Name

Employee Number

Campus Address

Department

Phone

E-mail address

**PLEASE RETURN TO:
HUMAN RESOURCES
9 Walters Ave., Unit 5075, Storrs, CT 06269-5075**

(DO NOT SUBMIT TO PAYROLL)