

**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 [7.0 hours] or half-day [3.5 hours] increments

Vacation Time _____

Holiday Time _____

I have attached a PDF **COPY** of the **December 3-16, 2021**, 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

Department

Work/UConn Phone Number

UConn E-mail address

**PLEASE RETURN TO:
HUMAN RESOURCES
Cindy Drost
Cindy.drost@uconn.edu**

(DO NOT SUBMIT TO PAYROLL)