



Human Resources
Office of Benefits Administration

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Leave Enrollment Donation Form

The University of Akron Leave Bank Program allows Eligible Employees to contribute accrued sick time to the Leave Bank for use by an approved recipient in the event of a catastrophic illness or injury. To be considered an eligible Donor, you must meet all of the following criteria:

- Not be employed in a position that is grant funded.
- Be an active full-time classified/unclassified unrepresented staff, contract professional or unrepresented faculty employee.
- Maintain a minimum 120 hours of accrued sick time after having donated hours to the Leave Bank.
- Be willing to donate accrued sick time in increments of 8 hours up to a maximum of 40 hours.

NOTE: ALL DONATIONS ARE IRREVOCABLE.

Name:
Employee ID Number:
Hours to Donate (Min. 8, Max. 40):

By donating to this Leave Bank, I acknowledge that I meet all of the eligibility criteria above and that I understand and agree that my donation will be placed in a Leave Bank that cannot be returned to me. I hereby authorize the Office of Benefits Administration to deduct from my sick time balance the number of hours indicated above to be donated to the University of Akron Leave Bank.

Employee Signature: _____ Date: _____

For HR Use Only:

Hire Date: _____ Sick Balance After Donation (must be >120): _____

Approved Denied Reason: _____

HR Signature: _____ Date: _____

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