

**CLASSIFIED STAFF POOL RESERVE
Contribution Form**

LINN-BENTON COMMUNITY COLLEGE

For complete information regarding the Classified Staff paid leave pool reserve for illness and injury, contact Human Resources for the procedures document.

PART 1 – CLASSIFIED EMPLOYEE (Please type or print legibly with ink.)	
Employee's Name:	
ID:	# of Paid Leave Hours Contributing (Maximum of 20 hours):
Department/Work Phone Ext #:	
READ BEFORE SIGNING: I understand I must have a minimum paid leave balance of 80 hours in order to contribute to the pool, and my contribution is voluntary and non-refundable. I also understand I may not designate the recipient for the hours I contribute. I further understand accrued paid leave holds value upon termination from the College, and this value will be forfeited for the hours I voluntarily contribute. Lastly, I understand my paid leave balance will be decreased by the hours listed above, or less if the balance listed above reduces my paid leave balance to less than 80 hours.	
Employee's Signature:	Date:

PART 2 – PAYROLL USE ONLY (Check one)	
<input type="checkbox"/> The above named employee's paid leave balance has been reduced by the number of hours stated above.	
<input type="checkbox"/> The above named employee's paid leave balance has been reduced by _____ hours available, leaving a paid leave balance of 80 hours.	
Payroll Staff's Initials:	Date:

**RETURN COMPLETED FORM TO
HUMAN RESOURCES
BY PAYROLL DEADLINE IN ORDER
TO CONTRIBUTE THAT MONTH**