

**FACULTY POOL RESERVE
Contribution Form**

LINN-BENTON COMMUNITY COLLEGE

For complete information regarding the Faculty sick leave pool reserve for illness and injury, contact Human Resources for the procedures document.

PART 1 – FACULTY EMPLOYEE (Please type or print legibly with ink.)	
Employee's Name:	
ID:	# of Sick Leave Hours Contributing (Maximum of 20 hours):
Department/Work Phone Ext #:	
READ BEFORE SIGNING: I understand I must have a minimum sick leave balance of 160 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. Lastly, I understand my sick leave balance will be decreased by the hours listed above, or fewer if the balance listed above reduces my sick leave balance to less than 160 hours.	
Employee's Signature:	Date:

PART 2 – PAYROLL USE ONLY (Check one)	
<input type="checkbox"/> The above named employee's sick leave balance has been reduced by the number of hours stated above.	
<input type="checkbox"/> The above named employee's sick leave balance has been reduced by _____ hours available, leaving a sick leave balance of 160 hours.	
Payroll Staff's Initials:	Date:

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