

**FACULTY POOLED RESERVE CONTRIBUTION FORM
TEMPORARY MOU – SPECIAL MEDICAL CIRCUMSTANCES**

For information regarding the faculty sick leave pool reserve for illness and injury, refer to [Procedures for Faculty Staff Pooled Reserve](#) available on the [HR Website](#).

PART 1: FACULTY EMPLOYEE (Please type or print legibly with ink.)	
Employee Name (donor):	ID:
Email:	Phone:
What is your current paid leave balance? Enter your paid leave balance, if known. →	Current paid leave balance:
How many hours do you want to contribute? Enter number of hours up to a max of 20 →	Number of hours:
READ BEFORE SIGNING:	
<p>I understand I must have a minimum sick leave balance of one-hundred and sixty (160) hours in order to contribute hours to the pooled reserve, and that I may contribute up to a maximum of twenty (20) hours. I acknowledge my contribution is voluntary and non-refundable, and that I understand I may not designate the recipient of any portion of my contribution. I further understand accrued sick leave may hold value upon retirement under some PERS options, and that value, if any, 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 160 hours.</p>	
Date:	Employee's Signature:
PART 2 – PAYROLL USE ONLY (Check one)	
<input type="checkbox"/> The above-named employee's paid leave balance has been reduced by _____ number of hours stated above.	
<input type="checkbox"/> The above-named employee's paid leave balance has been reduced by _____ hours, leaving a paid leave balance of at least forty (160) hours.	
Payroll Staff Initials:	Date:
<p>Please submit your completed form to the Human Resources Manager at mailto:culberd@linnbenton.edu</p> <p>For questions, contact Deana Culbertson at (541) 917-4431</p>	