

**TCU MEMBERS  
REQUEST FOR SICK LEAVE DONATIONS FORM**

I hereby apply to receive full pay sick leave hours which may be donated to me by other full time TCU bargaining unit employees. I understand that to be eligible to use donated leave, I must be absent from work due to a serious injury or prolonged illness, and have exhausted all my paid leave time (both sick leave and vacation).

\_\_\_\_\_  
Print Name of Employee Requesting Leave

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Department Name/Number

\_\_\_\_\_  
Employee Badge No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
I approve this request. I have verified that the employee requesting sick leave donations is eligible to receive such donations.

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date