

The University of Toledo – American Association of University Professors (UT-AAUP)

Sick Leave Donation/Membership Form

Name of Donor Employee:	
Rocket Number:	
Rank:	
Department:	
Office Telephone:	Home/Cell Telephone:
Preferred email:	

All of the above information must be given

I hereby authorize The University of Toledo Payroll Department to deduct _____ hours (at least sixteen hours–no limit) from my accrued sick leave to be used by the UT-AAUP Sick Leave Bank Committee’s designee. I understand this form also gives me membership to the UT-AAUP Sick Leave Bank.

Signature: _____ | Date: _____

Please return your completed Sick Leave Donation form to:

Michael A. Kistner
Memorial Field House MS 127 (or)
michael.kistner@utoledo.edu

Thank you,
UT-AAUP Sick Leave Bank Committee