I wish to become a member of the Shared Leave Program.
In doing so,

- I understand that I must be in a benefitted position at Abraham Baldwin Agricultural College that accrues sick and/or annual leave.
- I must initially, voluntarily contribute as a one-time membership minimum of one (1) day or eight (8) hours of sick and/or annual leave.
- **Donation:** Sick Leave Hours _______________ and/or Annual Leave Hours _______________
- In order to remain an active participating member, I must voluntarily contribute an additional eight (8) hours of sick and/or annual leave per calendar year to be taken out every participating year on December 31.
- I understand and agree that Abraham Baldwin Agricultural College may request of me to donate a maximum of one (1) additional day or eight (8) hours to the Leave Bank if at mid-year assessment the Bank reserve falls below 320 hours. This request may only be done once a year.
- I understand and agree that leave donations to the Bank are non-refundable, non-transferable and cannot be withdrawn.
- I will abide by the Shared Leave Program policy.
- I understand that my participation in the Shared Leave Program will renew automatically unless I notify the Shared Leave Administrator.

Signature of Donor: ____________________________ Date: _______________________

For Use By the Abraham Baldwin Agricultural College’s Human Resources Leave Administrator.

Transfer Approved: ____________________________ Transfer Not Approved: ____________________________

This is to advise you that your request to join Abraham Baldwin Agricultural College’s Shared Leave Program cannot be accepted due to the following reason(s):

______________________________

Signature of Leave Administrator: ____________________________ Date: _______________________

**Abraham Baldwin Agricultural College**
**Shared Leave Program Membership Form**