

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

Sick Leave Donation Form

Name of Donor Employee:	
Rocket Number:	
Rank:	
Department:	
Office Telephone:	Home 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 eight hours or more –no limit) from my accrued sick leave to be used by the UT-AAUP Sick Leave Bank Committee’s designee.

Signature: \_\_\_\_\_ | Date: \_\_\_\_\_

Please return your completed Sick Leave Donation form to:

Michael A. Kistner  
Memorial Field House MS 127  
[michael.kistner@utoledo.edu](mailto:michael.kistner@utoledo.edu)

Thank you,  
*UT-AAUP Sick Leave Bank Committee*