



# Human Resources

UNIVERSITY OF CENTRAL FLORIDA

## Knights Care Leave Share Donor Form

The Knights Care Leave Share COVID-19 Major Disaster Leave-Sharing Plan ("Plan") allows an employee to donate at least 40 hours of his or her personally accrued sick or annual leave into a UCF-sponsored leave bank for use by other employees who have been adversely affected by the COVID-19 pandemic and have exhausted all of their personally accrued leave. The Plan will remain in effect as long as the COVID-19 pandemic is declared a "major disaster" under federal law. The ability to donate leave to the Plan remains available throughout the life of the Plan. Leave donors may contribute unused sick and annual leave up to the amount normally accrued by that employee in a year, and must retain a sufficient balance of combined sick and annual leave after any donation is deducted. The donated hours will be deducted on the first full pay period following an employee's enrollment.

Please return your completed form to Human Resources Payroll Services. Direct any questions about the Plan to 407-823-2771 or email payroll@ucf.edu.

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

College or Department: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Employee Classification of Donor	Maximum Donation of Accrued Leave Hours	Hours Retained in Donor's Accrued Leave Balances
Executive Service	369	369
9-Month Faculty	104	104
12-Month Faculty	280	280
A&P and USPS Exempt	280	280
USPS Non-Exempt (0-5 years of service)	208	208
USPS Non-Exempt (6-10 years of service)	234	234
USPS Non-Exempt (10+ years of service)	260	260

I hereby authorize the transfer of the below-listed sick and annual leave hours to the Plan bank:

Sick Leave: \_\_\_\_\_ Annual Leave: \_\_\_\_\_

By signing below, I confirm that the COVID-19 Major Disaster Leave Sharing Plan document has been made available for me to read. I understand that any unused donated leave remaining in the bank when the Plan expires will be returned to me within a reasonable time, in the same proportion as the amount of leave that I donated bears to the total amount of leave collectively donated to the Plan bank.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed forms to:  
payroll@ucf.edu or  
407.882.9026