

# Sick Leave Donation

Date: \_\_\_\_\_ Employee: \_\_\_\_\_  
Please Print Name

I wish to donate \_\_\_\_\_ hours (**max of 27 hours**) to the sick leave bank. I understand this time will be deducted from my current sick leave accrued balance. I understand this time will be deducted from my current sick leave accrued balance. I also understand donated time will not affect my ability to qualify for the sick leave buy back program, but it will reduce my accrued balance. I also understand I must have a minimum of 70 hours of accumulated sick leave at the end of my donation and that I may not donate more than 27 hours per calendar year.

I wish to donate \_\_\_\_\_ **hours** management leave bank.

This donation is confidential and subject to verification of at least 70 hours remaining in accrued sick leave balance.

Employee Signature: \_\_\_\_\_