

SICK LEAVE BANK DONATION

DONOR'S NAME _____ City ID# _____
PLEASE PRINT

DEPARTMENT _____ Mail Box # _____ PHONE _____

ENROLLMENT / DONATION

I wish to donate _____ hours of annual leave from my annual leave balance to the Sick Leave Bank (the Bank). I understand this donation makes me eligible to request hours from the Bank. I further understand that I have no further claim on my donated hours and that they will not be restored to me.

Date Employee Signature

- I am eligible, but do not wish to join the Sick Leave Bank at this time (check this box sign above). Annual leave availability verification is not required.

Annual Leave Availability Verification

I verify that this donor holds an eligible position that accrues annual leave and, as of today, he or she has sufficient hours of earned annual leave to cover this donation. The budgeted FTE percentage for his or her position is _____%.

Date Signature for department HR/Payroll

Donors will receive written confirmation of the elected donation, the eligibility period covered, and future notices when additional leave donations will be required to maintain Sick Leave Bank membership.

Complete and forward this form to the HUMAN RESOURCES DEPARTMENT, Room 2500, City Hall, Box 52 by the close of business on Friday, May 23, 2014.