Sick Leave Donation Form

INSTRUCTIONS:

This form is used by employees to donate unused sick leave hours to the sick leave pool. Payroll is responsible for deducting the donated hours from the employee’s sick leave balance following review and approval from P&C.

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| DONATING EMPLOYEE INFORMATION: |
| First Name (Please print) |       | Last Name (Please print) |       |
| Hire Date |       |
| Total number of hours of sick leave to be donated: |       |
| I, the undersigned employee, understand* The donation of sick time is strictly voluntary.
* My sick leave balance will be reduced by the specified number of hours stated above or the number approved by P&C based on policy guidelines, whichever is less.
* Donated sick time will go into a leave bank for use by any eligible recipient and may not be designated to any specific individual.
* Recipient identity will not be disclosed to me.
* this decision is irreversible as of the date this form has been signed by People & Culture
 |
|  |  |  |       |  |
|  Donating Employee Signature | Date |
|  |
| P&C ONLY |
| * Meets eligibility period (Y or N):
 |       |
| * Donators current sick bank hours:
 |       |
| * Has employee previously donated any hours in current calendar year (Y or N)?
 |       |
| * If Yes, how many hours?
 |       |
| * How many hours are eligible for donation? (max 80 per CY, not more than 50% of Bank, less hours previously donated)
 |       |
| * Number of hours approved for donation:
 |       |
| P&C Approver (Print Name): |       |
|  |  |       |
| P&C Approver (Signature) |  | Date |

CC: employee, employee file