

# The Resource Connection

Engaging Families - Empowering Communities - Enriching Lives

## Form to Donate Sick Leave Hours to the Sick Leave Donation Bank

*Instructions: Use this form to donate sick leave hours to the Sick Leave Donation Bank.  
Forward completed forms to the Human Resources Director.*

Donor's Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Number of Hours Donating \_\_\_\_\_

By completing this form, I understand the following:

- I wish to donate a portion of my accrued sick leave to the Sick Leave Donation Bank.
- I am donating these hours freely and have not been forced or coerced into doing so.
- I understand that my current sick leave balance must equal to one year's entitlement (for full-time employees working 40 hours per week that is 96 hours).
- I understand that I can donate a maximum of two weeks (80 hours for full-time employees) to the Sick Leave Donation bank per calendar year.
- I understand that my donated hours will be treated as leave hours for any employee who requests a donation and is eligible.
- I understand that I may not revoke my donation of sick leave hours once the donation has been approved.
- I understand that the hours that I donate will be deducted from my sick leave balance as soon as my donation is approved.
- I understand that if I have given notice of resignation that I may not donate sick leave hours to the Sick Leave Donation Bank.

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

\_\_\_\_\_  
Date

*For Office Use Only*

Employee meets eligibility requirements: \_\_\_\_ Yes \_\_\_\_ No

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Process Date \_\_\_\_\_