

Sick Leave Bank Donation Form

Donation Period

April 1, 2015 through June 30, 2015

Your donation of "personal" or "annual" leave makes a difference in the lives of fellow State employees faced with catastrophic illnesses or injuries.

Name _____ Employee Number _____

Department _____

Bargaining Unit: _____ Non-Management



_____ Supervisory

_____ Corrections

_____ Confidential / Managerial

I request transfer of _____ hours of personal leave and/or _____ hours of annual leave to the Sick Leave Bank. I understand that I may donate up to 100% of my personal leave balance. I may donate up to 50% of my annual leave balance so long as I retain at least 80 hours of annual leave.

My current leave balances are:

Personal Leave _____ Annual Leave _____

Employee Signature _____ Date _____

I certify that the above leave balances and request for transfer are accurate.

Human Resources Administrator _____
(or designee of the appointing authority)

Date _____

Thank you for making a difference!



Please print this form, complete it, and forward it to your Human Resources Administrator between April 1, 2015, and June 30, 2015. You may contact your Human Resources Administrator with any questions regarding donating time to the Bank.

Human Resources Administrators can email the form to: Anne.Carver@state.vt.us

Or, mail to: Human Resources, 120 State Street, 5th Floor, Montpelier, VT 05620-2505

PLEASE NOTE: Donation Forms must be received by June 30, 2015