Sick Leave Bank Donation Form

Please accept my donation of (please circle the corresponding number of vacation days you wish to donate):										
	1		2		3		4		5	
Name (please print)										
Signature							_ Date			
The college maintains a p	paid sick	: leave ba	ank whic	ch is ava	ilable to	full-tim	e nonexe	empt er	nployees as	s follows:
any time duringFor every day or time.	that year larger in ize of the	er) to the ncrement	e college nt, the co	sick leav ollege wi	ve bank. ill match	the emp	ployee's o	donatio	on with an io	of one day or more, and dentical amount of oloyees and 1,000
To be eligible to participa	ate in th	e sick lea	ave banŀ	k, emplo	yees mu	ıst:				
unable to perfor	t least on rm essent rform ess	ne full dav ntial job-r sential jo	ay of vaca related d ob-relate	cation, to duties; ed duties	o the sick	c leave b	extended	d, non-jo	job-related i	and prior to being illness or injury of mo
No one person may rece Requests for use of the losupervisor and departme	leave mu	ıst be ser		-					-	•
For more information on	ı donatir	ng vacati	on days	to the c	:ollege's s	sick leav	ve bank, į	please (contact Hur	man Resource Service
For Human Resource S	Services I	Use:								
Number of donated ho	oure:					Hourly	v rate.			