# COMMITTEE FOR PUBLIC COUNSEL SERVICES

## SICK LEAVE BANK DONATION FORM

Employee Name: _____ Employee ID: _____

Division/Unit: _____ Date of Hire: _____

I wish to donate the following leave credits to the Sick Leave Bank:

**One leave credit is equivalent to seven hours (1 credit = 7 hours).**

(Maximum Donation: 10 leave credits per calendar year)

_____ Sick Leave Credits

_____ Vacation Leave Credits

_____ Personal Leave Credits

_____ Compensatory Leave Credits

**_____ Total # of Leave Credits to be donated**

I understand that my donation will be deducted from my accrued leave credits.
**I also understand that once my donation has been deducted from my leave credits, it <u>cannot</u> be reversed.**

_____ _____

Signature of Employee Date

---

**FOR ADMINISTRATIVE USE ONLY**

The availability of the above leave credits has been verified. The donation has been deducted from the employee's accrued leave credits and credited to the Sick Leave Bank.

_____ _____

Print Name/Signature of Human Resource Department Date

Revised (10/2017)