

# Sick Leave Bank Donation Form

## Donation Period

October 1, 2015 through December 31, 2015

Your donation of "personal" and/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: \_\_\_\_\_

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 **October 1, 2015 and December 31, 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@vermont.gov](mailto:Anne.Carver@vermont.gov)

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

**PLEASE NOTE: Donation Forms must be received by December 31, 2015**