

# Sick Leave Bank Donation Form

## Donation Time Period

**October 1, 2022 to December 31, 2022**

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_

Bargaining Unit: \_\_\_\_\_ Non-Management

\_\_\_\_\_ Corrections

\_\_\_\_\_ Supervisory

I request transfer of \_\_\_\_\_ hours of personal leave and/or \_\_\_\_\_ hours of annual leave to the Sick Leave Bank for my Bargaining Unit. I understand that I may donate up to 100% of my personal leave balance. In addition, I may donate up to 50% of my annual leave balance so long as I retain at least 80 hours of annual leave.

My leave balances, after the donations are subtracted, are:

Personal Leave: \_\_\_\_\_ Annual Leave: \_\_\_\_\_

**Note: You must download and save this PDF to your desktop in order for the digital signature field to appear**

• Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

• Human Resources

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or designee of the appointing authority)

***Thank you for making a difference!***



Please print this form, complete it, and forward it to your Human Resources Administrator for their signature and date. You may contact your Human Resources Administrator with any questions regarding donating time to the Bank.

Human Resources Administrators can either e-mail the form to: Anne.Carver@vermont.gov

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

**PLEASE NOTE: Donation forms must be received by December 31, 2022.**