

Sick Leave Bank Donation Form

Please complete this form using the fillable fields and email the completed and signed PDF to
Anne.Carver@vermont.gov

Donation Time Period

April 1st-June 30th

October 1st- December 31st

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, 5th Floor, Montpelier, VT 05620-2505

PLEASE NOTE: Donation forms must be received by the last day of the donation period.