

Sick Leave Banks Donation Form

Donation Time Period

October 1, 2016 to December 31, 2016

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: _____ Confidential / Managerial

_____ Corrections

_____ Non-Management

_____ 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 current leave balances are:

Personal Leave: _____ Annual Leave: _____

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 between **October 1, 2016 and December 31, 2016**.

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

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

PLEASE NOTE: Donation forms must be received by December 31, 2016