



Employee's Sick Leave Bank Donation Form For 2018

Section I (To be completed by EMPLOYEE)

Note: this form must be received in the HR Department by 5:00 PM on November 30, 2017

Name: Dept:

Employee ID or Last four digits of Social Security #:

By signing below, I acknowledge the following:

- I am a full-time employee and have completed one (1) year of continuous full-time service with the City of Greenville.
- I voluntarily donate eight (8) hours of my accrued sick leave to establish membership in the City of Greenville's Sick Leave Bank.
- Provided I meet all eligibility requirements of the Sick Leave Bank policy, I understand that this 8-hour donation qualifies me to apply for sick leave days from the bank for the one-year period of January 1, 2018 through December 31, 2018.
- I understand that my 8-hour donation will be deducted from my sick leave balance immediately and will be reflected on my paycheck stub received on December 15, 2017. (no impact to pay)
- I understand that my donation is irrevocable and the donated leave will not be returned or reimbursed to me for any reason.
- I understand that the donation to the Sick Leave Bank will not impact my eligibility for attendance incentive pay.
- I understand that participation in the Sick Leave bank is subject to the rules and regulations of the City's Sick Leave Bank policy.

Signature of Employee

Date

Section II (to be completed by Human Resources Department)

☐ **SICK LEAVE CERTIFICATION:** I have reviewed this employee's sick leave balance. I affirm that s/he has enough sick leave balance to make this donation.

Signature of Human Resources Representative

Date