

City of Carmel, Indiana
SICK LEAVE BANK VOLUNTARY DONATION AGREEMENT

I, _____, hereby agree to and do irrevocably donate _____ hours* from my Sick Leave Bank to _____ in order to supplement his/her medical leave that began on _____. I understand this Agreement must be signed and submitted (be receipted by Human Resources) within fourteen (14) calendar days of the date the leave began.

I acknowledge that I am donating this time from my Sick Leave Bank voluntarily, and that I am expecting and I will receive nothing in return. I understand this donation does not entitle me to receive like donations from other employees.

I further understand that donating these hours from my Sick Leave Bank will reduce the amount of sick leave available to me by an equivalent amount.

Please check one of the following (if neither is checked, your donation will be anonymous):

_____ I give my permission for the recipient named above to be told I donated time.

_____ I do not wish the recipient named above to be told I donated time.

Employee Name (please print) _____

Employee Signature _____

Department _____ Date _____

*maximum 37.5 hours per calendar year

Submit completed form to Sue Wolfgang in Human Resources