

City of Blair Sick Leave Donation Form

Employee Information:

Name: _____

Department: _____

Position: _____

Contact Number: _____

Donation Details:

Number of Sick Leave Hours to Donate: _____ (Minimum 4 hours, Maximum 40 hours)

Donation Period: September 1st to September 15th

Acknowledgment: I understand that by donating my sick leave hours, I am voluntarily contributing to the communal sick leave pool to assist my coworkers in need. I acknowledge that my donation is irrevocable and that I must retain sufficient sick leave hours for my own potential future needs.

Employee Signature: _____ Date: _____

For HR Department Use Only:

Received By: _____

Date Received: _____

Approved By: _____

Date Approved: _____

Donation Guidelines:

Donations must occur during the previous fiscal year to be eligible for assistance from the sick leave pool.

Donations must be made using this approved City form during the set donation time; exceptions may be made by the review committee in extreme circumstances.

Employees must donate a minimum of 4 hours to be eligible to participate in the sick leave pool. New employees have the option to enroll at the time of employment with the minimum sick leave donation divided between four pay periods.

Employees may only donate a maximum of 40 hours; exceptions may be made by the review committee.

If you need any adjustments or additional information included in the form, please let me know!