



**Employee /Donators Name:** \_\_\_\_\_ **OHIO Email:** \_\_\_\_\_  
*Last, First, M.I.* **Employee #:** \_\_\_\_\_

**Hours Donated to Sick Leave Bank** (Must be in 8 hour increments): \_\_\_\_\_

**Hours Donated Directly to an Individual Employee** (Must be in 8 hour increments): \_\_\_\_\_

**Name of Individual Employee:** \_\_\_\_\_

I hereby certify the following:

- This request was made voluntarily and in accordance with Article 30 of the AFSCME 3200 CBA; I was not coerced, intimidated, or financially induced into donating leave,
- I understand the amount of the requested donation to an individual may be reduced automatically due to annual limit on the amount an individual may receive,
- I relinquish all rights to the amount of donated leave,
- I understand that donation of the leave is irrevocable and that no donated leave will be refunded to me in cash or in kind.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For HR use ONLY**

\_\_\_ Donor is eligible to donate (retains a minimum of 80.0 hours after donation)

\_\_\_ Amount of Donated Days (may be less than donation request if individual recipient has/will meet annual recipient maximum)

\_\_\_ Sick Accrual Prior to Donation

\_\_\_ Sick Accrual After Donation

**HR Approver Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HR Approver Name:** \_\_\_\_\_