

2016 - Leave Bank Employee Donation Form

*** Form must be received at HR no later than September 9, 2016 ***

Last Name: _____ First Name: _____

Employee ID: _____

Department: _____ Division: _____

Job Title (optional): _____

Work Phone: _____ Date of Hire: _____

***Minimum donation of 8 hours required. No maximum.
Donation of hours must be in whole hour increments.***

Please designate donation according to the leave category desired:

Personal Leave: current leave balance: _____ # of hours donating: _____

Term Leave: current leave balance: _____ # of hours donating: _____

Vacation (Fire): current leave balance: _____ # of hours donating: _____

Old Sick Leave: current leave balance: _____ # of hours donating: _____

I request that the hours designated above be deducted from my appropriate leave account and donated to the Leave Bank account.

Initials

Date of Birth

Date

For Office Use Only:

Annual Donation Drive: _____ HR Representative: _____

Date: _____ Current Hourly Pay Rate: _____



B006

Revised 8/2016