

## MCGEO SICK LEAVE DONOR PROGRAM - DONOR REQUEST

**PARTICIPANT INFORMATION**    **DATE:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

**EMPLOYEE ID#** \_\_\_\_\_

**Purpose for leave:**     Employee Illness     Family Member Illness

**Expected Leave Period:** \_\_\_\_\_    **Note:** Recipient may receive more leave than needed.

- Donor Criteria:**    Leave use is governed by the Merit Rules/CBA.
1. Must contribute a minimum of 4 hours and be a union member.
  2. If you are a Sick Leave Bank member, you may donate only 8 hours once a year to one eligible member of the MCGEO donor program on whose behalf donations have been requested.
  3. For family member illness, leave is limited to 80 hours annually.
  4. Any leave donated cannot be returned.

**As a donor, I donate leave to the above named employee in the amounts indicated in accordance with the requirements of the contract.**

DONOR'S NAME (Please print clearly)	DONOR SIGNATURE (Required Information)	DONOR'S ID # (Required Information)	UNION MEMBER	SLB PARTICIPANT	LEAVE TYPE	HOURS DONATED	H&B Use Only APPVD
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sick <input type="checkbox"/> Annual <input type="checkbox"/> Personal		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sick <input type="checkbox"/> Annual <input type="checkbox"/> Personal		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sick <input type="checkbox"/> Annual <input type="checkbox"/> Personal		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sick <input type="checkbox"/> Annual <input type="checkbox"/> Personal		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sick <input type="checkbox"/> Annual <input type="checkbox"/> Personal		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sick <input type="checkbox"/> Annual <input type="checkbox"/> Personal		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sick <input type="checkbox"/> Annual <input type="checkbox"/> Personal		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sick <input type="checkbox"/> Annual <input type="checkbox"/> Personal		<input type="checkbox"/> Yes <input type="checkbox"/> No

Any columns not completed, will invalidate the donation. Once a minimum of 40 hours has been collected, please return the form to the Health and Benefits Office.

Health & Benefits Approval: \_\_\_\_\_    Date: \_\_\_\_\_    Is the EE in the SLBank, who is requesting donations?

Benefit Manager Approval: \_\_\_\_\_    Date: \_\_\_\_\_     Yes     No    If yes, then EE cannot participate in both