

Whitman County Sick Bank Donation Form



With this form, I hereby notify Human Resources that I wish to donate hours to the Whitman County's Sick Bank. I understand that I *must have the minimum number of sick leave hours* specified by County policy (*POL-500-HR*) or Union Contract in order to donate. I further understand that my personal sick leave balance will be charged with the hours I have donated to the bank and removed from my leave accruals in the following payroll. I acknowledge that when the employee listed in section B closes their account, the remaining hours from my donation, if any will be applied directly to the general bank. I understand that my leave cannot be recovered at a future date.

A. Donating Employee Information:

Name: _____ Department: _____

Donating Employee Union Status:

- | | |
|--|---|
| <input type="checkbox"/> Non-Represented (Non) | <input type="checkbox"/> Solid Waste (SWBU) |
| <input type="checkbox"/> Courthouse (CBU) | <input type="checkbox"/> Deputy Sheriff Association (DSA) |
| <input type="checkbox"/> Road (RBU) | <input type="checkbox"/> Correction Officers & Support Staff (COSS) |

B. Bank Donation Information:

Number of Hours Requested to Donate: _____

(Non, RBU, SWBU, CBU, COSS: up to 48 hours per year DSA: No limit per year)

Do you have an employee with an *active sick bank* account you wish to designate your leave to: Yes No

If Yes: Donate To: _____ Dept.: _____

Employee Signature: _____ **Date:** _____

To be Completed by Human Resources:

Sick Leave Balance at Time of Donation: _____

Approved Denied Reason: _____

Copy of Donation to Admin Services Date: _____

Human Resources Initial: _____ Date: _____
