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# ESP Sick Leave Bank Donation Form

**Employee Name:** Click here to enter text.

**Employee Banner ID or Username:** Click here to enter text.

**Date of Request:** Click here to enter text.

**Department:** Click here to enter text.

I wish to donate Click here to enter text hours to the sick leave bank. This donation is effective Click here to enter text. I understand that I am limited to a donation of 24 hours in any fiscal year, and that I must have the hours available for donation.

I understand that once I donate these hours, the hours may not be refunded to me.

I agree that I am making a voluntary donation. I understand that this donation will be kept confidential at my request.

**I want my donation to be kept confidential.** [ ]  **Yes** [ ]  **No**

**Signature: Date:**

**For HR Use Only**

**HR Approval Printed Name:** Click here to enter text.

**HR Approval Signature: Date:**