Sick Leave Donation Form

The Sick Leave Bank provides *eligible* **full-time, regular employees** of **AEC, CMPTEC,** and **Functional** bargaining groups additional paid leave when all other available leave has been exhausted as a result of one's own or family members' "serious health condition" as defined by the Family Medical Leave Act (FMLA). Employees can **donate** sick leave hours to the Sick Leave Bank. Employees may not donate more than 120 hours of sick leave in any payroll year and must donate in whole one-hour increments. The minimum sick leave donation allowable is 8 hours. Please refer to Policy 42 for additional information.

Please fill out electronically and submit the completed form to the Human Resources Department - Benefits Division: benefits@cityofomaha.org.

Section 1. *(To be completed by employee donating Sick Leave Bank hours)*

Name: _____, _____ I.D.#: _____
Last First

Position Title: _____

I, _____, voluntarily donate _____ hours of my compensable sick leave to the Sick Leave Bank. I understand that all donated hours will be deducted from my sick leave balance on the next payroll cycle and will remain in the sick leave bank upon my resignation, termination, retirement, or death. I understand that just because I have donated sick leave hours to the sick leave bank does not guarantee that hours will be available in the bank for me in the future should I need to request the use of the same.

_____ _____
Signature Date

Section 2. *(To be completed by the Human Resources Department in consultation with the Finance Department)*

Date Received: _____ Sick Leave Balance: _____

Request Approved: ☐ Approved for _____ hours to be donated to the Sick Leave Bank.

Request Denied: ☐ Reason for Denial: _____

Notes (if applicable): _____

_____ _____
Signature Date