

CARE LEAVE DONATION APPLICATION

Employee Name: _____

Date: _____

Current annual leave balance: _____

Current sick leave balance: _____

I am donating _____ hours of my current annual leave to the CARE bank.

I understand that this leave donation is irrevocable and that this leave will be provided to an employee who is approved to receive from the bank.

Employee Signature: _____

Date: _____

Approved by Human Resources: _____

Date: _____

New annual leave balance _____

INDIVIDUAL DONATIONS

Per CARE Bank policy I can donate to a specific individual who has been approved for donations through the CARE Bank and is currently requesting hours. Donations for specific individuals cannot exceed what the individual needs for their current payroll and will be given at a rate not to exceed 30 hours per week. I understand that if I donate more than is required that the remainder will be added to the CARE Bank balance.

I would like to donate to _____ as a specific individual donation.