

ESP Sick Leave Donation Form

Name: _____ Date of Request: _____

Department: _____

I wish to donate _____ hours to the ESP Sick Leave Bank.

This donation is effective _____

I understand that I am limited to a donation of 12 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.

Signature Date

I want my donation to be kept confidential. YES _____ NO _____

This section is to be completed by the LCC Human Resources office and returned to the chair of the ESP Sick Leave Bank Committee.

Lansing Community College Human Resources Office has completed the transfer of the requested hours to the ESP Sick Leave Bank.

Signature Date