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EMPLOYEE LEAVE DONATION FORM

Yavapai COLLEGE

SECTION I – EMPLOYEE INFORMATION

TODAY'S DATE:

EMPLOYMENT STATUS: ☐ STAFF ☐ FACULTY EMPLOYEE ID: DATE OF HIRE:

LAST NAME: FIRST NAME: MI:

DEPARTMENT: CAMPUS PHONE:

SECTION II – ELIGIBILITY & ENROLLMENT

- THE PURPOSE OF THE LEAVE BANK IS TO PROVIDE ADDITIONAL PAID LEAVE TO REGULAR FULL-TIME EMPLOYEES OF THE COLLEGE WITH A DOCUMENTED CATASTROPHIC ILLNESS OR INJURY WHO HAVE BEEN EMPLOYED FOR AT LEAST 12 MONTHS AND WHO HAVE EXHAUSTED ALL AVAILABLE PAID LEAVE, BUT HAVE NOT YET EXHAUSTED THE FULL 12 (TWELVE) WEEKS OF FAMILY MEDICAL LEAVE.
- REGULAR FULL-TIME EMPLOYEES MAY VOLUNTARILY JOIN THE LEAVE BANK AFTER ONE YEAR OF FULL-TIME EMPLOYMENT AT THE COLLEGE BY DONATING 8 HOURS OF SICK LEAVE.
- AN EMPLOYEE MUST HAVE A BALANCE OF 40 HOURS OF ACCRUED VACATION OR SICK LEAVE, AFTER THEIR DONATION.
- REFERENCE: EMPLOYEE LEAVE DONATION POLICY NUMBER 2.13.

TO DONATE 8 HOURS TO THE LEAVE BANK, PLEASE CHECK **ONE** THAT APPLIES:

First Year Anniversary

Dates:_____

☐ REPLENISH THE LEAVE BANK

- IN THE EVENT THAT THE LEAVE BANK IS DEPLETED, EMPLOYEES PARTICIPATING IN THE PROGRAM WILL BE NOTIFIED AND, WITH THEIR APPROVAL AND BASED ON THEIR ACCOUNT BALANCE, ANOTHER VOLUNTARY DEDUCTION OF 8 HOURS WILL BE TAKEN FROM THEIR SICK ACCRUAL ACCOUNT, FOR THEIR CONTINUED PARTICIPATION IN THE LEAVE BANK.

SECTION III – SIGNATURES

EMPLOYEE SIGNATURE: DATE:

HUMAN RESOURCES APPROVAL/SIGNATURE: DATE: