

RCM Sick Leave Donation Form

INSTRUCTIONS: This form is used by employees to donate unused sick leave hours to the catastrophic leave bank. Administrators are responsible for deducting the donated hours from the employee's sick leave balance.

Donating Employee Information	
Name: _____	
Total number of hours of sick leave to be donated: _____	
I, the undersigned employee understand <ul style="list-style-type: none">• My donation is strictly voluntary• My sick leave balance will be reduced by the specified number of hours stated above• This decision is irreversible as of the date this form has been signed by the Manila Site Supervisor or School Director.	
_____ Donating Employee Signature	_____ Date
Leave Bank Committee	
I certify that this employee has available the amount of accumulated sick leave to be donated as stated above. I authorize the transfer of the total hours listed above to the catastrophic leave bank.	
_____ Administrative Signature	_____ Date
_____ Administrative Signature	_____ Date