NOTICE
to
AFSCME Local 2909 Members

MEMBER REQUEST FOR SICK LEAVE DONATION

I, _____, an AFSCME member at Albany _____ _____ am requesting voluntary sick leave donation from Local 2909 members for the following reason(s): _____
_____
_____
_____
_____.

I, _____, hereby release the disclosure of my medical information that I have listed above in order to process my sick leave donation request.

_____ _____
Employee's Signature Date

The member currently has a leave balance of _____ hours including sick leave, vacation, floating holiday, and comp time. A total of _____ donated sick leave hours is expected to be needed for this situation.

If you are interested in donating sick leave hours, please read and sign the donation agreement below and forward it to the City of Albany Payroll office by _____.

Thank you for your help.

TO: City of Albany

Per COLLECTIVE BARGAINING AGREEMENT Article 11, Sick Leave, item 8, *"It is agreed that employees may donate any part of their accrued sick leave to any other bargaining unit employee who has a bona fide need for such a donation if agreed upon by the City. Each request will be examined on a case-by-case basis as to the allowance and amount. Departing employees may not donate their unused sick leave to another employee within the City. The City will not deny such donation in an arbitrary or capricious manner. Any amount of sick leave donated will be deducted from the account of the employee making the donation."*

I, _____, give to _____ _____ hours of sick leave from my accrued sick leave time available.

Signed:_____ Date:_____
(Donating Member)

Check one : ☐ OLD Sick Leave ☐ NEW Sick Leave

EMPLOYEES DONATING PLEASE RETURN TO PAYROLL