



EMPLOYEE SICK LEAVE DONATION

Albany Police Association Employees

_____, _____, is out on
(print name) (print title)
family medical leave due to medical reasons.

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

Your help would be appreciated.



To: City of Albany
c/o Payroll

APA employees may donate any part of their accrued sick leave to any other regular 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. The City will not deny such donation in an arbitrary or capricious manner. Any amount of sick leave donated will be deducted from the sick leave of the employee making the donation. Up to twenty-four (24) hours of such donation will not be considered "use of sick leave" in terms of the Sick Leave Incentive Program per incentive year.

I, _____, would like to donate to _____
(print name)
_____ hours of sick leave from my accrued sick leave balance and deducted from:

Check one: OLD sick leave NEW sick leave

Signed: _____ Date: _____
(employee's signature)

RETURN TO PAYROLL