

ALBANY FIRE FIGHTERS

LOCAL 845



P.O. BOX 3098 · ALBANY, OREGON, 97321-0701

EMPLOYEE SICK LEAVE DONATION

To: City of Albany
C/o Payroll

Article 11.8 City of Albany and Albany Firefighters Collective Bargaining Agreement

“It is agreed that employees may donate any part of their sick leave to any other bargaining unit employee who has a bona fide need for such donation if agreed upon by the City. Each request will be examined on a case-by-case basis as to the allowance and the 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 account of the employee making the donation.”

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: _____
(employee's signature)

Date: _____

RETURN TO PAYROLL