



BUTTE COLLEGE

# Voluntary Time Bank Donation For Associate Faculty Butte-Glenn Community College District

## CONFIDENTIAL

I understand that this donation of sick leave is irrevocable and that any time not used by the employee to whom this donation is made will be eliminated.

I certify that I am:

1. Currently contracted and providing services to the District as an Associate Faculty member.
2. I have a personal sick leave balance in excess of 24 hours.
3. Following this donation, my personal sick leave balance will remain in excess of 24 hours.

I acknowledge that I may only donate sick leave in increments of two (2) hours or more and that my total donation to the below named employee cannot exceed a maximum of 72 hours per verifiable serious injury or illness.

I have read and understand all of the above, and I freely and without restraint or reservation elect to donate \_\_\_\_\_ hours of my accumulated sick leave to the Butte College/Part-time Faculty Association Time Bank.

I make this donation in the name of \_\_\_\_\_  
Employee receiving donated sick leave.

\_\_\_\_\_  
Donor Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

### Please return this form to the Human Resources Office

The above, proposed donation has been properly certified and completed pursuant to the collective bargaining agreement for this employee.

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Representative

\_\_\_\_\_  
Date