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**SUBJECT: SICK LEAVE BANK & TRANSFER OF SICK LEAVE**

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Effective Date: January 1, 2008      Regulation No: 15  
Revision Date: January 15, 2008      Supersedes: April 13, 2005  
Approved By: Phillip L. Warren, Jr.

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**APPENDIX A**



**Town of Meredith  
Sick Leave Bank Enrollment Form**

**Employee Name:** \_\_\_\_\_

I would like to donate \_\_\_\_\_ day(s) to the Town of Meredith Sick Leave Bank for the calendar year \_\_\_\_\_.

By doing so, I agree to the terms as outlined in Administrative Regulation #15 – Employee Sick Leave Bank and Transfer of Sick Leave.

I understand, according to the Personnel Policy, I must maintain 10 days (80 hours) in accrued sick leave in order to donate or transfer sick leave to the Sick Leave Bank.

By signing this enrollment form, I understand that I relinquish all rights to the sick leave hours donated or transferred and that I cannot recover the hours at a later date.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

*Initial box if you agree:*

I hereby authorize any sick time that will be lost due to reaching the maximum accrual, be donated to the Sick Leave Bank.



**Town of Meredith**  
**Verification of Sick Leave Bank Member**

Date: \_\_\_\_\_

**Donor's Name:** \_\_\_\_\_

Is donor a Sick Leave Bank Member? Yes \_\_\_\_ No \_\_\_\_

Date of Transfer: \_\_\_\_\_

Balance of Donor's sick leave as of above date: \_\_\_\_\_

Number of hours to be transferred: \_\_\_\_\_

Prior hours donated? Yes \_\_\_\_ No \_\_\_\_

If yes, indicate prior number of hours donated: \_\_\_\_\_

**Recipient's Name:** \_\_\_\_\_

Is recipient a Sick Leave Bank Member? Yes \_\_\_\_ No \_\_\_\_

Date of Transfer: \_\_\_\_\_

Number of hours to be transferred: \_\_\_\_\_

Prior hours donated? Yes \_\_\_\_ No \_\_\_\_

If yes, indicate prior number of hours donated: \_\_\_\_\_

Certification on file of recipient's continuing disability: Yes \_\_\_\_ No \_\_\_\_

Verification Signature: \_\_\_\_\_  
Director of Administrative Services Date



**Town of Meredith  
Sick Leave Bank Withdrawal Request**

**Employee Name:** \_\_\_\_\_

I would like to withdraw \_\_\_\_\_ days from the Town of Meredith Sick Leave Bank.

**Reason for Request:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Start date of Absence:** \_\_\_\_\_

**Anticipated end date:** \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Administrative Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Manager

\_\_\_\_\_  
Date

**NOTE:** A Physician's Statement must be included with this form. The statement should include a description of the illness and a prognosis for the return to work date.

Original: Employee's Personnel File  
Copy: Administrative Services

**Town of Meredith**  
**Sick Leave Bank Donation Agreement Form**

**Employee Name:** \_\_\_\_\_

I would like to donate/transfer \_\_\_\_\_ day(s) to the Town of Meredith Sick Leave Bank for the calendar year \_\_\_\_\_ to be utilized by the following employee:  
\_\_\_\_\_.

By doing so, I agree to maintain a minimum of 10 days (80 hours) of accrued sick leave. I agree to donate not more than one-half (1/2) of my individual balance in effect at the time of transfer.

I understand and agree that any unused sick leave that was donated to the indicated employee, and not used, shall be transferred to the Sick Leave Bank by December 31<sup>st</sup> each year.

By signing this donation/transfer form, I understand that I am donating this leave of my own free will and have not been unduly influenced in any manner to make this contribution.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness # 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness # 2

\_\_\_\_\_  
Date