

**Sick Bank Donation Form**

I, \_\_\_\_\_ will donate \_\_\_\_ sick days to IHLS Sick Bank. I understand that this contribution is voluntary and that under no circumstances will the sick days be returned to me. By donating days, I am eligible to request days from the sick bank.

Futhermore, I understand that the IHLS Sick Bank can be eliminated at any time and no sick days will be returned to me, if that occurs.

**Employee**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**HR Representative** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_