



CCWRC
CENTRE COUNTY
Women's Resource Center

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**Leave Bank
Staff Voluntary Contribution Form**

I, _____, would like to voluntarily donate
_____ hours of my accrued, unused Sick Leave balance.
(FY Max = 37.5)

I have read and understand the Leave Bank portion of the CCWRC Personnel Policies. I understand my donation information and the use of the Leave Bank is confidential. The hours I have donated will be deducted from my Paid Time Off accrual as of the date of my signature below. I understand that all of my Leave Bank transaction records become part of my permanent personnel file. I certify I have reviewed my Sick Leave balance and am comfortable donating this time for use by any of my full-time coworkers who may qualify for the Leave Bank.

Signature _____

Date _____