

Kenyon College
SPF (Sick, Personal, Family) Leave Donation and Acceptance Form
Community Leave Bank Option

To make SPF donations TO the Community Leave Bank

Name _____
Department _____

I wish to donate ____ (min. 1 day; max. 10) days of SPF leave to: **The Community Leave Bank**.
I understand the SPF leave donations are voluntary. Donations to the Community Leave Bank must be approved by the employee's supervisor and the Office of Human Resources.

Contributing Employee Signature

Date

Supervisor Signature

Date

To request SPF donations FROM the Community Leave Bank

Name _____
Department _____

I wish to request a donation of ____ (min. 1 day; max. 10) days of SPF leave from: **The Community Leave Bank**. I understand this request must be approved by my supervisor and the Office of Human Resources.

Requesting Employee Signature

Date

Supervisor Signature

Date

Requests for SPF Leave donations from The Community Leave Bank are subject to the available balance of days in the Bank. If the Community Leave Bank is depleted, requests for donations of SPF leave from the Bank cannot be approved.

RETURN THIS COMPLETED FORM TO THE OFFICE OF HUMAN RESOURCES

Action by Human Resources

Upon receipt of the approved SPF Leave Donation and Acceptance Form (Community Leave Bank Option), Human Resources will verify employees meet the eligibility requirements to donate or receive donated sick leave in accordance with the *SPF Leave Donation and Acceptance Policy*. When SPF donations are requested from the Community Leave Bank, Human Resources will confirm the balance in the Bank is sufficient to cover the request. Donating and Receiving Employee's SPF Leave balances will be adjusted accordingly.