



**LIUNA LOCAL 808
SICK LEAVE BANK
DEDUCTION AUTHORIZATION FORM**

I, _____, hereby authorize the deduction of one full day
(Print Name)
(7 or 8 hours) from my current sick leave balance to be contributed to the Sick Leave Bank
established by LIUNA Local 808.

I understand that I must have a full week of sick time accrued at the time of my donation
in order to contribute to this Sick Leave Bank.

I understand that my contribution to the Bank is for the benefit of myself and/or other
members on the Bank if needed, in the current calendar year and may not be withdrawn.

I understand that should I have occasion to request time from the Bank, I shall be required
to complete an Application and Release Form and submit medical documentation of my
catastrophic illness or injury.

I understand that, regardless of my time contribution, I may not be eligible for the use of
the Bank time if there is evidence of prior sick leave abuse in my attendance records.

Witness:

Print Name

Signature

Social Security #

Payroll Account #

Date

For Payroll Use Only: Verification of Current Balance

Employee's Current Sick Leave Balance _____ as of (date) _____

Remaining Balance after deduction of donated hours: _____

Signature of Payroll Staff Member

**cc: Payroll
Employee
File**