

M A I	NAME & TITLE	(Agency Head)	CITY of BALTIMORE MEMO	CITY OF BALTIMORE 17
	SUBJECT	Sick Leave Donation – Insert Employee's Name		

TO

DATE:

Honorable President and Members
of the Board of Estimates

XXXX, 2001

Dear Madame President and Members:

ACTION REQUESTED OF BOARD OF ESTIMATES:

The (Agency) _____ requests the Board of Estimates to approve the transfer of a total of _____ sick leave days from City employees of this agency to:
 Employee's Name: _____
 Entry Date: _____, Department/Payroll Location Codes: _____.

The list of employee donors is attached.

AMOUNT OF MONEY AND SOURCE OF FUNDS:

NA

BACKGROUND/EXPLANATION:

Employees of the City of Baltimore have volunteered to transfer their sick leave in order for this employee to remain in pay status and maintain health care coverage during the period of illness/injury. The requirements of AM-203-3, Sick Leave Donation Program, have been followed. This employee is not a member of a union sick leave bank and is not eligible for membership in a union sick leave bank. All of his/her leave has been used. The employee is expected to return to work by (date) _____.

Sick leave donations will be transferred from each donor's life-to-date sick leave balance to the requesting employee's sick leave account. The transfers will occur after the Central Payroll Division receives the following information from the agency personnel office: a copy of this memo approved by the Board of Estimates and a list of donors with their social security numbers, department/payroll location codes, and number of sick leave days to be donated.

Attachment

 Agency/Bureau Head Signature

 Labor Commissioner

APPROVED BY THE BOARD OF ESTIMATES:

 Date Clerk

TRANSFER OF SICK LEAVE

The employees listed below have asked to be permitted to transfer sick leave days to:

Name of Employee: _____

Donor's Name _____

of Days to be Donated

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.