



Volunteers of America®

MID-STATES

VOA Hero Bank Donation - Donor Form

Employee Name	Hours Donated	Employee Department/Program	Remaining Sick Leave Hours/Date
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In accordance with VOA’s emergency COVID-19 Hero Bank Donation, I authorize a direct donation of my accrued sick leave to the VOA’s Hero Bank. In making this decision:

- I understand donations are strictly voluntary and available only for use by a VOA Mid-States employee once eligibility has been confirmed.
- I understand that donated sick leave will no longer be my property right and will be deducted from my sick leave balance accordingly. I further understand that this decision is irrevocable and donated sick leave will not be returned to me for any reason.
- I understand that I will not receive a gift in exchange for donating sick leave and attest that I have not and will not receive any financial payment or gift in exchange for this donation.
- I understand that final determination of sick leave donation will not be known until fully assessed by Human Resources.
- In recognition of the above information, I agree to proceed with my donation:

I have read and agree to all provisions stated above and donate _____ hours.

Employee Signature (Donor)

Date

HR OFFICE USE:

I certify the employee had a sick leave balance of _____ hours as of _____ (date).

I certify the employee’s new balance is _____ hours as of _____ (date) after

ADP change was effective _____(date).

Sick Leave Administrator/Human Resources Signature

Date

Original placed in Employee’s file