LEAVE SHARING ASSISTANCE DONATION FORM

Employee Name: _____ Date: _____

Employee's ID Number: _____ Employee's Supervisor: _____

With my signature below, I elect to donate a portion of my time benefit hours to the Institute's Leave Sharing Assistance Program.

__ __ Number of hours

__ __ Number of day(s)

___ _ Type of Leave - Vacation (V) or Personal Time (P)

I understand that once this form is submitted to Human Resources, the following conditions apply:

- This form is irrevocable.
- I will not incur any tax implication from this donation.
- I am not able to designate the employee who is going to receive this time.
- The time that I am donating will be deducted from my account balance in the month in which it is given out to a recipient.
- I am not allowed to borrow against future vacation/personal time and carry a negative account balance.

Employee Signature:_____ Date: _____

Human Resources Use Only:

Current vacation balance: _____

Current personal time balance: _____

New vacation balance: _____

New personal time balance: _____

LEAVE SHARING ASSISTANCE REQUEST FORM

Employee Name: _____ Date: _____

Employee's ID Number: _____ Employee's Supervisor: _____

I wish to request donated time from the Leave Sharing Assistance Program. I understand that it is not a guarantee that I will receive donated time and that I can receive no more than 6 weeks of donated time (30 days) over the duration of this program.

My request is due to experiencing one of the following situations:

- I have been unable to work remotely, thus missing hours and wages due to the COVID-19 virus.
- I have self-quarantined due to exposure to the COVID-19 virus.
- I have been diagnosed by a health care provider as having the COVID-19 virus.
- I have a need to stay home with children while schools are closed during the shelter in place ordinance.

With my signature below, I understand that:

- I have at least 3 months of MBI service in a full-time position.
- This request will remain in effect during the entire scope of this Program and end on December 31, 2020.
- I have exhausted all of my accumulated annual sick, personal, and vacation time, and I am currently unable to work due to the COVID-19 virus.
- The donated time that I receive will be considered wages, and I will be taxed accordingly.

Employee Signature: _____ Date: _____

Human Resources Approval: _____