

**DIVISION OF POLICE
CLEVELAND, OHIO
DIVISIONAL INFORMATION**

DIST/BUR. _____ **ZONE/UNIT** _____ **DATE** _____ **20** _____

EXAMINED BY _____ **RANK** _____ _____ **20** _____

FROM _____ **TO** _____

SUBJECT Sick Time Donation

COPIES TO

Sir/Ma'am:

I respectfully request that _____ hours of my accumulated sick time be donated to the Time Bank of _____ # _____, currently assigned to _____.

Donating member: _____ # _____ Social Security #: _____ - _____ - _____

Respectfully,

TIMEKEEPING UNIT USE ONLY:

Benefit Adjustment

Additions:

SS#: _____ - _____ - _____

Deductions:

SS#: _____ - _____ - _____

Name: _____

Name _____

Add _____ hours

Deduct _____ hours

Balance before adjustment: _____ hours

Balance before adjustment: _____ hours

Balance after adjustment: _____ hours

Balance after adjustment: _____ hours

Posted by: _____

Date: _____

Endorsements:

Recipient Officer is presently on Sick Abuse Status YES__ NO__ Case Preparation Officer: _____

Police Chief: _____

Director of Public Safety: _____

MEDICAL UNIT USE ONLY:

Received in Medical Unit by: _____ Date: _____

Posted in Medical Unit by: _____ Date: _____