



Employee Donation of Accruals

I would like to thank all of those who have donated accruals in the past to help a fellow AME Member; unfortunately, I have been notified that at this time, we have over ten members that are utilizing time from our current cancer pool for their needs of treatment.

With that, at this time I must appeal to all AME members, to consider voluntarily donating time to our quickly declining cancer pool, due to the misfortune of more AME members needing the use of this benefit.

With heartfelt thanks,
Cheryl A. Felice, President

Employee Donation of Accruals to the Cancer Pool

1. Union Name: _____ Unit Name: _____

2. Employee's Name: _____ (Please Print or Type)

3. Date of Donation: _____

4. Please indicate the number of **hours** you wish to donate next to the Type of Accruals you wish to donate from: (Sick Time **may not** be donated)

*Vacation _____

Personal Time _____

Comp. Time _____

"Paid" Lag Hours _____

(*Indicates if frozen or new accruals, if applicable)

I understand that once I have authorized a donation of time to the Cancer Pool, said hours **cannot** be restored.

Employee's Signature

Please forward the **original** signature page to the payroll representative responsible for your department. They will confirm that accruals are available and deduct the requested amount from your timesheet. The payroll representative should then forward the form with their initials to the Office of Labor Relations (P.O. Box 6100, Hauppauge).