



ACCRUED SICK/VACATION LEAVE DONATION FORM

I, _____ WISH TO DONATE _____
(HOURS)

OF MY **SICK/VACATION** ACCRUALS TO _____

WHO IS ABSENT FROM WORK DUE TO A CRITICAL ILLNESS OR INJURY.

I UNDERSTAND THAT IF, FOR SOME REASON, IT IS NOT NECESSARY TO USE
MY DONATED HOURS THIS FORM WILL BE VOIDED AND RETURNED TO ME.

NAME: _____ DATE: _____
PRINT

SIGNATURE

RECEIVED IN PERSONNEL OFFICE ON: DATE: _____ TIME: _____

DOLLAR VALUE \$ _____