



Sick-Leave Hours Donation Form

I, _____, wish to donate
(Please print your full name legibly)

_____ of my accrued balance of sick leave to the Sick Leave bank.
(Total # of days/hours)

I understand this donation is irrevocable and that I may donate a maximum of 5 days per year to the bank.

(Signature of donating employee)

(Date)

(Supervisor's signature)

(Date)