

### Donation of Sick Leave

I agree to donate \_\_\_\_\_ hours of my accrued sick leave to

*Print Name (of person to receive time)*

*Signature of Donor*

*Date*

*Printed Name of Donor*

*Employee ID #* \_\_\_\_\_

**Approval:**

*Human Resources Office Eligibility Verification*

*Date*

*Payroll Verification*

*Date*