

COMPASSIONATE LEAVE DONATION PROGRAM
DONATION FORM

I would like to voluntarily donate _____ hours of sick leave to the Compassionate Leave Donation Program. I understand that the Payroll Department will deduct the above specified hours from my sick leave balance. I understand that this donation is irrevocable.

Donating Employee's Signature/Date

Employee ID

Print Name

Date

Donating Employee's Supervisor's Signature

Date

Human Resources Signature

Date