

COMPASSIONATE LEAVE DONATION PROGRAM

DONATION OF LEAVE REQUEST

I hereby authorize _____ hours of sick leave (not to exceed 40 hours per calendar year) to be donated to the Compassionate Leave Donation pool to be used by any staff member who meets the criteria for receipt of the Compassionate Leave Donation Program as outlined in the Staff Handbook.

I understand that this is voluntary and irrevocable.

Print Name

Date

Signature

Supervisor's Signature/Approval

Date

Human Resources Approval