

Sick Leave Donation Form

Number of Hours Donated:

Employee Donating Leave:	
Name	Employee ID #
My signature below authorizes deduction from my sick leave accrual for the purpose of donating to a coworker who has no leave time available. I understand that:	
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Employee Signature:	
Department Head Approval:	
For HR/Payroll Use Only	
Balance Verified/Approved:	
Name of Employee Receiving Leave:	