SICK HOURS DONATION FORM

TO: Payroll

FROM: _____

Employee name (Please print)

_____

Employee Number

_____

Employee Group/Program

DATE: _____

SUBJECT: *Donated Sick Leave Hours*

I authorize Payroll to transfer _____ hours (maximum of 10 hours) from my sick leave accumulation to be credited to _____ for his/her use as sick leave.

_____
Signature

_____
Date

cc: Donating Employee's Timekeeper