

Appendix Number 36

**DONATION OF LEAVE TIME FORM**

Name \_\_\_\_\_

I would like to donate the following:

Sick Leave \_\_\_\_\_ Hours

Vacation \_\_\_\_\_ Hours

Comp Time \_\_\_\_\_ Hours

To employee \_\_\_\_\_

I give of these hours of my own free will and know that I will not receive any type of compensation for the hours I have donated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notes:



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