

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:

REV 02-12.1

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