

APPENDIX F

**AUTHORIZATION OF DONATION TO SICK LEAVE DONATION PROGRAM**

I have read the Request for Sick Leave Donation Program and agree to donate \_\_\_\_\_ days

for the Sick Leave Donation Program to \_\_\_\_\_.

Name of Employee Receiving Donation  
(Name may be withheld upon request)

I currently have a total of \_\_\_\_\_ days accumulated sick leave.

Date: \_\_\_\_\_

Name of Employee making donation: \_\_\_\_\_

\_\_\_\_\_  
Signature

This form should be returned to the Sick Leave Donation Committee via the Treasurer's Office.