

Little Wound School

LEAVE DONATION FORM



DONATION INFORMATION

I, _____, donate _____ (circle one) hours days
(donor's name) (number)

(check one) ____sick leave, ____annual leave, ____personal leave

to _____.
(name of person receiving donation)

Authorization: I authorize the payroll office to deduct from my leave balance the number of hours or days indicated above to be used by the recipient named above.

Signature of Donor

Date

HR Director

Date