



LEAVE DONATIONS FORM

I, _____, employee # _____

Hereby agree to donate the following amount of accrued time to

_____ from _____
(recipient) (agency where recipient works)

I understand that I am donating my time to a fellow bargaining unit member who is suffering from a long term or terminal illness or disability.

VACATION _____ **days**

PERSONAL LEAVE _____ **days**

SICK LEAVE _____ **days ***

* (up to a maximum of five (5) days / per calendar year as of July 1, 2009)

(signature)

(date)

(agency where employed)

(department)

(agency address)

NP-3

(bargaining unit)