

SICK LEAVE BANK DONATION FORM

YES, I WILL DONATE _____ DAYS TO THE SICK BANK.

I UNDERSTAND THAT THIS IS A FIRM COMMITMENT FOR PARTICIPATION IN THE SICK BANK.

NAME: _____

DEPARTMENT: _____

EMPLOYEE#: _____

SIGNATURE: _____

DATE: _____

**Please return this form by interoffice mail to:
Harold Brooks, Chairperson, Sick Bank Committee
Accounting Department, ext. 7004**