

INTENT TO DONATE

DEPARTMENT/SCHOOL _____

NAME OF DONOR _____

I OFFER TO DONATE ONE (1) DAY OF MY SICK LEAVE TO

NAME OF RECIPIENT _____

I UNDERSTAND THAT IF MY DAY IS NOT ACCEPTED, IT WILL BE RETURNED TO ME.

SIGNATURE _____

DATE _____

WITNESS _____

APPROVED BY _____

DATE AND TIME RECEIVED _____

DATE RETURNED (NOT USED) _____

DATE USED _____

BY PAYROLL SPECIALIST

INITIALS _____

INITIALS _____

Original: Human Resources Yellow: Payroll Pink: Employee

Stock Form # W9098

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