



Planned Hour Donation Program

Planned Hours Donation Form

I am permanently donating \_\_\_\_\_ planned leave hours (maximum of 20 hours can be donated) to the Sick Leave Bank with the understanding that these hours cannot be returned or refunded to the donating party.

Signed: \_\_\_\_\_

Department: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

I certify that \_\_\_\_\_ planned leave hours were deducted from the Planned leave balance of the donating party on (date): \_\_\_\_\_.

Fiscal Signature: \_\_\_\_\_

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

