



NORTHEAST SOUTH DAKOTA

Sick/Personal Leave Donation Form

Donations should be received by the Human Resources Manager two weeks before the next payroll.

Donor Information

Name	Date
Title	
Current number of leave hours: Sick Leave _____ Personal Leave _____	
Number of hours to donate (<i>no more than 40 hours or 50% of current balance may be donated</i>): <input type="checkbox"/> Sick Leave _____ <input type="checkbox"/> Personal Leave _____	
Hours available after donation: <input type="checkbox"/> Sick Leave _____ <input type="checkbox"/> Personal Leave _____	

I understand my donation is strictly voluntary. I also understand once the donation is complete, I cannot request my donation to be cancelled or returned.

Donor's Signature _____ Date _____

Supervisor Approval

Name	Title	Date
Signature		
Human Resources Manager:		Date
Signature		
Executive Director:		Date
Signature		