



## Accrual Donation Form

Please complete and provide to Administrative Services Department for processing.

I, \_\_\_\_\_, wish to donate \_\_\_\_\_ hours from my  
sick vacation accrual bank to \_\_\_\_\_.

I confirm by my signature that I do this of my own volition.

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

This section to be completed by Administrative Services Department

Donation expiration date: \_\_\_\_\_ Approved: \_\_\_\_\_  
Administrative Services Director



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