



LEAVE DONATION FORM TO SICK LEAVE BANK

**DONOR INFORMATION**

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

Campus Title: \_\_\_\_\_

Negotiating Unit: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Work Unit/Location: \_\_\_\_\_

Number of **Vacation** Days Donated:

**AUTHORIZATION**

I hereby authorize the Payroll Office to deduct from my **vacation** balance the number of days indicated above to be added to the Fredonia Sick Leave Bank.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Donor

Return form to:  
**Payroll Services, Maytum Hall 303**

**Payroll Services – For Office Use Only**

Date Deducted from Vacation Accrual Balance \_\_\_\_\_