

**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