

Decatur Civil Township Donation Paid Leave Form

I hereby voluntarily elect to donate a portion of my accrued paid leave to an employee in need of paid leave due to an extended illness or injury of the employee. I agree to the terms of the paid leave donation policy.

I hereby certify that I will donate _____ hours to _____

I also certify that I have retained enough sick time to keep me above the minimums described in the donation policy.

Printed name of Employee

Date

Signature of Employee

Date and Time received by the Trustee's Clerk: _____

Donation Verified by:

Donation Approved/Denied By:

Trustee's Clerk

Trustee/Fire Chief

Dates and hours used: _____
