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I WISH TO DONATE THE NUMBER OF HOURS OF ANNUAL LEAVE THAT I HAVE INDICATED BELOW. I UNDERSTAND THAT I CANNOT RECLAIM MY DONATED LEAVE UNLESS THIS FORM HAS NOT BEEN PROCESSED.

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DONOR NAME _____

8, 1 _____

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ANNUAL LEAVE HOURS DONATED _____

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I do not wish my name revealed to the recipient.

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%UDQFK \$JHQF\

5HODWLRQVKLS _____
&RPSOHWH RQO\ LI LQWHU DJHQF\ WUDQVIHU

Donor Signature

Date

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Administrator Signature