

**University of Toledo/CWA Local 4530**  
**Sick Leave Donation Form**

*(Please Print)*

Name of Donor Employee: (Last, First, Middle)

Social Security Number:

Title:

Department:

Department Location:

Office Telephone:

Amount you wish to donate:

I hereby authorize the Payroll/Personnel Department to deduct from my sick leave balance the number of hours indicated above to be used as sick leave by the CWA Leave Bank Committee's designee.

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

**For Office Use Only:**

Hourly Pay Rate:	Date Processed:	Initials:
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3 copies: Employee, SLBC, Payroll/Personnel