

**MARION MILITARY INSTITUTE
SICK LEAVE DONATION AGREEMENT**

I, _____, _____, employed by
Donating Employee's Name Social Security Number

_____ wish to donate _____ hours of sick leave to
Donating Employee's Agency

_____, _____,
Employee To Whom Donating Leave Social Security Number (If known)

Employed by _____.
Receiving Employee's Agency

I understand that I may not donate more than a total of thirty (30) days of sick leave during my employment with Marion Military Institute.

Signature

Date

Sick Leave Bank Administer Signature

Date