

DONATION OF TIME



RON McLELLAN
President

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I, _____, hereby agree to donate the following
amount of my accrued time to _____.

PLEASE PRINT NAME

PLEASE PRINT NAME

Number of Days

VACATION DAYS _____

PL DAYS _____

SICK DAYS _____

**Per Article 29, Section 11 'No employee may donate more than five (5) days of sick leave in a calendar year'.*

_____ is an employee at _____

who may be out of work for an extended period of time due to serious illness/injury.

Signature _____

Home Address _____

Date _____

Employee # _____

Originals should be returned to Ron McLellan, President, in accordance with Article 29, Section 11 of the NP-2 contract.

*Please make additional copies if needed.
This form can also be found on our website at
www.ceui.org/steward_information.html

(Revised November 2011)