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# SHARING

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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 \_\_\_\_\_

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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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&RPSOHWH RQO\ LI LQWHU DJHQF\ WUDQVIHU

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Donor Signature

\_\_\_\_\_  
Date

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Administrator Signature