

# EAST FORK FIRE DISTRICT

## EMERGENCY/CATASTROPHIC LEAVE DONATION FORM

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DATE: \_\_\_\_\_

DONOR NAME: \_\_\_\_\_

DONOR PHONE NUMBER: \_\_\_\_\_

I wish to donate \_\_\_\_\_ hours of vacation/sick leave (circle one) to the following employee(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

DONOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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### RESERVED FOR DISTRICT USE

APPROVED

DENIED

APPROVED BY (Director of Administrative Services):

\_\_\_\_\_

DATE APPROVED: \_\_\_\_\_