Sick Leav e Direct Donation ± Recipient Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact

Recipient Name	5HFLSLUHINQW μV
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In accordance v.y8 9oIntha\$h ac v.y8 9oI EMC BT /aln v.y8 9z̄avM7 0.1.C a TatoD 57My*• ... ^'• ^'• ^ÙïQ^‰t... {Žt€Mp>2D10c À HÙ... ' €M~Wš' be

donating sick leave and attest that I