## **⊞ LANSING CHRISTIAN SCHOOL**

## **SICK LEAVE DONATION FORM**

DONOR	
Name:	
I would like to make the following contributions:	
Number of sick leave hours donating:	
Recipient Employee's Name:	
Recipient Employee's Dept:	
By my signature below, I certify that I understand that once t been approved, I cannot revoke my decision.	
Signature	Date