

# Sick Leave 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         | 5 H F L S L H Q W μ V                       |
| 5 H F L S L Department | 5 H F L S L H Q W μ V ( P D L O D G G U H V |

In accordance v.y8 9olnthaSh ac v.y8 9ol EMC BT /aln v.y8 9ol M7 0.1.C a TatoD 57My• ... ^• ^• ^• ùQ^%ot... {Žt€Mp>2D10c À HÙ... ' €M^Wš b

donating sick leave and attest that I