



**Mennonite Village
Earned Leave Donation Request Form**

Date _____

Employee Name: _____
(Please print)

Supervisors Name: _____
(Please print)

Number of sick/personal days requested: _____

Reason for request for donated
time: _____

I give / do not give Human Resources authorization to release information concerning my need to the employees in the company for the sole purpose of soliciting donations of sick/personal time.

Signature

Human Resources Approval

Date