

**MCINTOSH TRAIL CSB  
DONATED LEAVE SOLICITATION NOTICE**

The following employee has requested this solicitation for accrued leave donations:

Name \_\_\_\_\_

Work Location \_\_\_\_\_

All leave donated by McIntosh Trail employees to the above employee will be credited as sick leave and available for the following use:

- Personal illness or injury or,
  - Care of \_\_\_\_\_ (Name of Family Member)
- Relationship       Child       Brother/Sister
- Spouse       Other Legal Dependent
- Parent

**Deadline for Leave Donations** \_\_\_\_\_ .  
Date

The circumstances upon which the above employee has requested donated leave, and the certification of a Health Care Provider, have been carefully reviewed. Accordingly, this employee has been authorized to solicit donations of accrued leave. For further information on how to donate accrued leave or to obtain a McIntosh Trail Leave Donation Form, please contact the Personnel Office. Please note that the donation of accrued leave is strictly voluntary.

---

I hereby agree that this Donated Leave Solicitation Notice is satisfactory and should be circulated and/or posted on my behalf.

Employee Signature

\_\_\_\_\_ Date

---

**Donor(s) submit McIntosh Trail Leave Donation Form to your Leave Keeper at least three (3) days prior to the above posted deadline date for initial certification and further routing.**