



PUYALLUP TRIBE OF INDIANS



LEAVE DONATION FORM

I, _____, being an employee of the Puyallup
(Donor's Name)

Tribe, hereby donate _____ hours of my accrued:

() annual leave or () sick leave
(Select one)

to _____, an employee of the Puyallup Tribe who
is experiencing a medical emergency.

() Annual Leave or

() Sick Leave hours verified by Payroll Clerk or HR Dept.

Initials

Date

Donor

Date

Supervisor

Date

Administrative Manager

Date

Human Resource Director

Date