



CONNECTICUT EMPLOYEES UNION INDEPENDENT

PO Box 1268
Middletown, CT 06457

DONATION OF TIME

I, _____, hereby agree to donate the following amount of my accrued
time to _____.
PLEASE PRINT NAME

Number of Days

VACATION DAYS _____

PL DAYS _____

SICK DAYS _____

**Per Article 29, Section 11 'No employee may donate more than five (5) days of sick leave in a calendar year'.*

_____ is an employee at _____ who may be out of work for an extended period of time due to serious illness/injury.

All forms must be returned to the Union Office for proper and timely processing.

Signature _____

Agency _____

Home Address _____

Work Location _____

Date _____

Employee # _____

*Please make additional copies if needed. This form can also be found on our website at <http://ceui.org/steward-information/>

(Revised March 2015)

