

Renee Roland
Deputy Auditor

James W. Dowling
SAC COUNTY AUDITOR
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Jalonna Ehler
Deputy Auditor

Kristen Wirtjers
Clerk

LEAVE DONATION FORM

Employee
Donating: _____

Employee
Receiving: _____

Number of Hours Donated	
Sick	_____
Vacation	_____

Employee
Donating
Name: _____

Date: _____

Signature of
Department
Head
Requesting
Donation: _____

Date: _____