

**Blackfeet Tribe
Sick Leave Donation**

Employee Name: _____ Date: _____

Recipient of Donation: _____

Number of hours you are donating: _____.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

APPROVED: NOT APPROVED: Reason not approved: _____

Human Resources Director: _____ Date: _____