



BULLHOOK

Community Health Center

521 4th Street Havre, Montana 59501 • Phone: 406-395-4305 • Fax: 406-395-5643 • www.bullhook.com

PAID TIME OFF DONATION

I the undersigned wish to donate the listed Sick Leave or Vacation time to the following employee:

Date: _____

Donated to: _____
Employee Name

Type of leave donating: Sick _____ Vacation _____

Hours being donated: _____

Donating Employee: _____
Employee Signature

Approved: Unapproved:

Kyndra Hall, CEO

Date