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P.O. Box 614

Waterbury, Ct. 06720

Waterbury City Employees Association

Donation of sick time

Donating time to

(name of recipient)

Donated By whom

(name of person donating his/her time)

Employee I.D #

Department

(employee I.D. # and Department of person donating time)

(number of days you are donating)

Daytime Phone # _____ - _____ - _____

(Signature of person who is donating time)

Date