

**WSNA/SKAGIT REGIONAL HEALTH**

**Negotiating Team 2018 Annual Leave Donation:**

I \_\_\_\_\_ am electing to donate \_\_\_\_\_ hours  
(minimum of one hour) of my accrued Annual Leave to members of the  
2018 Negotiating Team. I understand that my donated hours cannot be  
returned to me. I authorize Skagit Regional Health to deduct these hours  
from my accrued Annual Leave.

Unit: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_