



VALLEY CITY
STATE UNIVERSITY

**EMPLOYEE CONSENT TO RELEASE NAME FOR
DONATED LEAVE PURPOSES**

Name:

Department:

Employee ID:

Hours Needed:

By signing this statement, you acknowledge that Valley City State University has the right to disclose your name to eligible donors for donated annual or sick leave purposes. Reasons for your request for donated leave will NOT be given out.

Signature of Employee

Date

Return form to:

Employee Services
McFarland 211
employee.services@vcsu.edu
(701)845-7401