

State of Connecticut – Department of Correction Human Resources

ACILITY NAME (F	Donated Time for — EMPLOYEE NAME:  PACILITY NAME (For Donated Employee Above):					
MPLOYEES DONA	SMPLOYEES DONATING TIME (ENTER BELOW):					
Employee ID	PRINT Employee Name Below	Name of Facility	No. of Days Donated	PL, TO, or VACATION	Signature	<u>Date</u>
l	22				1	
*						
						1
Couting: Human F	Routing: Human Resources; Payroll Unit 📗 🗚	Approver:		Date:	Page	Of .