

NATURAL DISASTER VACATION DONATION FORM

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

Team Member First and Last Name: \_\_\_\_\_

Team Member ID Number: \_\_\_\_\_

I hereby authorize SFM, LLC (Sprouts) to donate \_\_\_\_\_ of my vacation hours to the natural disaster fund for team members in need, to be disseminated to team members at the discretion of Sprouts. I understand that this donation is voluntary and irrevocable.

Signature of the Donating Team Member \_\_\_\_\_