

## LEAVE DONATION PROGRAM - DONOR FORM

### I. DONOR INFORMATION

For Pay Period Ending: \_\_\_\_/\_\_\_\_/\_\_\_\_ or, as needed \_\_\_\_

Donating Employee Information: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Type of Leave Donated	Number of Hours Donated
Vacation	
Sick Leave	
Personal Leave	
TOTAL HOURS DONATED (Must equal at least 8 hours total)	

### II. EMPLOYEE TO RECEIVE LEAVE

(Employee to Receive Leave MUST be employed by the same Agency as the person donating leave).

Receiving Employee Information: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Department: \_\_\_\_\_ Division: \_\_\_\_\_

### III. CERTIFICATION

I, hereby certify that this request is made voluntarily. I was not coerced, intimidated or financially induced into donating leave. By signing, I hereby relinquish all rights to the leave used by the donee and the benefits accruing to or attached to the same. I understand that the donation of leave is irrevocable and irreversible and that used leave will not be refunded to me. I certify that I will have a remaining balance of 80 hours or more of combined leave (sick, vacation and personal) after making this donation.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DONATING EMPLOYEE

**IF THE EMPLOYEE DONATES MORE THAN 80 HOURS OF LEAVE, THE HOURS WILL BE UTILIZED IN 80-HOUR INCREMENTS AS NECESSARY.**