



REQUEST TO DONATE LEAVE

EMPLOYEE NAME: _____

EMPLOYEE ID: _____

DEPARTMENT: _____

I understand that donations of annual and personal leave to the recipient named below may be made in one day increments (7.5/8.0 hours) up to a maximum of five days. I wish to donate:

____ days of my earned annual leave balance AND/OR ____ days of my earned personal leave balance.

My current annual leave balance is _____

My current personal leave balance is _____

Name of Recipient

Department

I understand that this leave donation is voluntary and the leave donated is non-refundable unless the recipient fully recovers or separates prior to using my donated leave, the family member's condition no longer requires the recipient's absence, or the recipient has not used the donated leave by the end of the leave calendar year and is not expected to be eligible for donations in the following year.

I also understand that the recipient will not be provided with my name or donation amount; however, I may inform the recipient of my donation.

Employee Signature

Date

HR CHECKLIST:

____ hours of annual leave were deducted from the donor's quota on _____.

____ hours of personal leave were deducted from the donor's quota on _____.

Donations sufficient to cover the recipient's expected absences were received prior to this Request to Donate Form

Employee is not eligible to donate leave Reason: _____

Date

APPROVED BY:

HR Director

Date