



Leave Donation Form

For use when donating leave only.

Donor Information

Donating Employee's Name

Employee Name

Department

Employee ID Number

Amount of leave being donated (all donations must be in 8-hour increments):

Type of Leave	Number of Hours
Sick	
Vacation	
Personal	
Total	

Person to receive donated leave

Name

Department

Certification

I hereby certify that this donation of leave is being made voluntarily. I was not coerced, intimidated, or financially induced into donating leave. By signing this form, I understand that my donation is irrevocable and hereby relinquish all donated leave once it has been used by the donor. If donating sick leave, I further certify that I will have a remaining balance of at least 120 hours of sick leave after making this donation.

Signature of Donating Employee

Date

Please return your completed Leave Donation Form to the Department of Human Resources or your Department or Agency Personnel Officer.

Human Resources Use

Date Received: _____ Donor has required sick leave balance: Yes No N/A
Payroll notified on: _____ PO initials: _____