

## 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	
<b>Total</b>	

### 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: \_\_\_\_\_