

INSTRUCTIONS FOR LEAVE DONATION FORMS

- 1) Please **PRINT OUT PAGE TWO** and fill out by hand or type.
- 2) You need to have a minimum of 10 days of annual leave (vacation time) available at time of donation. In other words, your annual leave must not fall below 10 days. You cannot use **YOUR SICK LEAVE** as a donation.
- 3) For payroll purposes an original signature is required. Please **DO NOT FAX OR EMAIL.**

Thank you very much for your cooperation.

LEAVE DONATION FORM

Donor Information

Name	Title	Salary Grade
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Negotiating Unit	Payroll Item #	Last 4 digits of Social Security #
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Work Unit/Location	Work Telephone Number
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Recipient Information

Name	Work Unit/Location
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Donation Information

Number of Vacation Days Donated _____

Authorization

I hereby authorize the Personnel/Payroll Office to deduct from my vacation balance the number of days indicated above to be used as sick leave by the recipient named above. I certify that the days donated are not days I would otherwise forfeit and that this donation does not cause me to drop below a balance of ten (10) days of vacation as of the date this donation is submitted.

Signature of Donor

Date