

DHR LEAVE DONATION AUTHORIZATION

SECTION I: To be completed by the donor

In accordance with the Leave Donation policy, I donate:

_____ hours of my annual leave
_____ hours of my personal leave
_____ hours of my sick leave

to be used by _____
Name of Employee (Recipient) Work Location

I understand that the above amount(s) of donated leave will be deducted from my accrued annual, and/or personal, and/or sick leave balance(s) and will not be available for my use.

Printed Name of Donor Work Phone # Social Security Number

Organizational Unit & Address

Signature of Donor Date

This donation will not be processed without a signature.

SECTION II: To be completed by the donor's leave keeper

Leave Balance(s) AFTER Donation

Date & Time Received by Leave Keeper Annual _____

Personal _____

Sick _____

LEAVE KEEPER should refer to the "Making a Donation" Section in policy #1010 - Leave Donation, for instructions on processing a leave donation.

Signature of Leave Keeper Date

SECTION III: To be completed by the recipient's human resource/personnel office, or other designated individual

Amount of Leave Donated _____

Amount of Leave Returned _____

Date & Time received by recipient's human resource/personnel office, or other designated individual
