



**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 sick leave

I understand that the above amount(s) of donated leave will be deducted from my accrued annual, and/or sick leave balance(s) and will not be available for my use during employment or retirement. This donation is irrevocable.

<b>Printed Name of Donor</b>		<b>Work Phone #</b>
<b>Signature of Donor</b>		<b>Date</b>

**This donation will not be processed without appropriate signatures**

**SECTION II: *To be completed by Human Resources or other designated individual.***

Employee ID #	Date Processed	Processed By	Leave Balance(s) AFTER Donation
			ANNUAL
			SICK
<b>Signature of Personnel Specialist</b>			<b>Date</b>
<b>Signature of Director of Human Resources</b>			<b>Date</b>