



ANNUAL LEAVE DONATION

I authorize the donation of _____ hours of my earned annual leave balance to _____ . I understand the balance of my earned annual leave will be reduced by _____ hours. I also understand that donated leave is deducted on a first come donated basis, and any unused time I donate may not be deducted, or may be returned to my accrued leave balance.

Signature of Donor

Date

Printed Name of Donor