



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.

Printed Name of Donor	Work Phone #
Signature of Donor	Date

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		
Signature of Leave Administrator			Date			
Signature of Director of Human Resources			Date			