

Human Resources

555 S Howes Street, Second Floor  
 Campus Delivery 6004  
 (970) 491-MyHR (6947)

**Annual Leave Bank Direct Donation Form**  
**State Classified Leave Sharing Program**

**Instructions**

**Section A** is to be completed by the State Classified employee making the donation.

**Section B** must be completed by the donating employee's department Oracle/Payroll Liaison.

*(Return completed form to Human Resources, 6004 Campus Delivery)*

Section A: State Classified Employee		
Last Name:	First:	M.I.
Employee ID # :		
Daytime Phone:		
Department:		
Campus Address:		
<u>Direct Donation</u>		
Donate _____ # of hours	annual leave hours directly to state classified employee:	_____ Print Name
I understand that my donation is voluntary and non-refundable. I understand that a <i>minimum</i> of four (4) hours of accrued leave is required and that my annual leave balance will be decreased by the amount donated. I certify that my donation will not result in a negative leave balance. I understand that my donation is confidential.		
Signature:		Date:
Section B: Department Oracle/ Payroll Liaison		
I certify that the above-named employee's annual leave balance has been reduced by _____ hours.		
Department Oracle/Payroll Liaison Name (Print):		Phone # :
Department Oracle/Payroll Liaison Signature:		Date:
Human Resources Use Only		
SC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary: \$	Employee Notification Sent: <input type="checkbox"/>
		Spreadsheet Updated: <input type="checkbox"/>