

[YOUR AGENCY'S LETTERHEAD]

NOTICE OF ELIGIBILITY TO RECEIVE LEAVE DONATIONS

_____, an employee of the _____,
(applicant's name) (agency, section, unit)

is eligible to receive voluntary donations of annual leave. _____ has
(applicant's name)

been absent from work since _____, and his/her available leave was
(last day of work)

or will be exhausted on _____.'s
(last day of pay) (applicant's name)

absence is due to his/her own illness or injury
 the illness or injury of his/her _____
(relationship)

and he/she is expected to be off work until _____.
(expected date of return)

_____ has requested that the following additional information be pub-
(applicant's name)

lished with this notice.

Any employee wishing to make a voluntary donation of annual leave to _____
(applicant's name)

should complete a Leave Donation Application and submit it to the individual responsible for keeping

leave records in his/her work unit.

SIGNATURE OF APPOINTING AUTHORITY

DATE