

CHD SOLICITATION FOR LEAVE DONATIONS NOTICE

Posting Date _____ Deadline for Receiving Donations _____

Name of Employee (Recipient) Work Location

The CHD employee listed above has been authorized to solicit accrued leave for the following reason:

_____ The employee’s personal illness or disability, **or**

_____ To care for the employee’s:

- 9 Child
- 9 Spouse
- 9 Parent
- 9 Brother/Sister
- 9 Other Legal Dependent

All leave donated by CHD employees to the above employee will be credited as sick leave.

To donate accrued leave to this employee, please complete and submit the *CHD LEAVE DONATION AUTHORIZATION* Form to your leave keeper at least one (1) week prior to the posted deadline date. For further information on how to donate leave or to obtain forms, please contact:

The donation of accrued leave is voluntary.

Leave keepers are to forward completed and certified *CHD LEAVE DONATION AUTHORIZATION* Forms to the following address:

[Address of the recipient’s human resource/personnel office, or other designated individual]

I agree that this *CHD SOLICITATION FOR LEAVE DONATIONS NOTICE* is satisfactory and should be circulated and/or posted as written.

Signature of CHD Employee or Employee’s Designee

Date