

**Leave Donation for:**

**Employee Name:** \_\_\_\_\_

**Donations will be accepted in the payroll office until** \_\_\_\_\_

**Voluntary Leave Day  
Donation Transfer**

I \_\_\_\_\_ understand all the information below:  
(Print donor name)

- My donation is voluntary.
- My donation will be used for the specific individual above.
- My donation is non-refundable and non-transferable.
- I must maintain at least 5 local sick leave days after my donation has been transferred.
- I may contribute a maximum of 4 half days per fiscal year.

Please transfer to the specific individual above from my local sick leave:

\_\_\_\_\_ One half day                      \_\_\_\_\_ Two half days  
\_\_\_\_\_ Three half days                      \_\_\_\_\_ Four half days

\_\_\_\_\_ Donor signature                      \_\_\_\_\_ Emp. #                      \_\_\_\_\_ Date

Payroll Office Use only

Eligible Transfer:

\_\_\_\_\_ **Local leave balance after transfer.**

\_\_\_\_\_ **Number of half days transferred prior to this transfer.**

Date received in Payroll: \_\_\_\_\_

Amount Transferred: \_\_\_\_\_