



OFFICE OF HUMAN RESOURCES LEAVE DONATION FORM

Date: _____

I, _____ do hereby voluntarily donate _____ hours of my unused and
Print Name
credited leave time* to the Leave Donation Program, or to _____ .
Print name of recipient, if applicable

*Please indicate the type of leave you want to donate.
Minimum donation of eight (8) hours required.

Signature N-Number

Sick Annual Comp

HR USE ONLY

Current Leave Balance: _____ as of: _____
Annual Sick Comp

Hours of Donated Leave: _____ Indicate Type(s): Sick Annual Comp

Hourly Rate of Pay: _____ Value of Donated Leave: _____ (Hours donated X Hourly ROP)

Date of Usage Deducted: _____

Approved By: _____ Date: _____
Director of Human Resources or Designee

Receiving Employee Information

Employee Name: _____ N-Number _____ Department _____
Dept. Org. Number _____

Leave Balances: _____
Annual Sick Comp PH

Value of Donated Leave: _____ Hourly Rate of Employee: _____ (Equivalent hours)

Hours Donated X Hourly ROP: _____

Assistant Director, Leave Date: _____

Submit to: Office of Human Resources, Bldg 1, Room 1000