

ACCRUED LEAVE DONATION FORM

All donated leave must be a minimum of eight (8) hours and in increments of whole hours (for each category).

In response to the solicitation for leave donations, I hereby donate:

_____ hours of my annual leave and/or

_____ hours of my personal leave and/or

_____ hours of my sick leave (maximum 120 hours per calendar year)

to be used by _____ (Recipient) in accordance with the Department's policy and as approved by the Appointing Authority.

I understand that this donation will be deducted from my accrued annual, personal, and/or sick leave, and that I surrender any further claim to this donated leave if it is credited to the Recipient. I also understand that this donation is not tax deductible.

Print Name

Employee ID

Print Mailing Address

Street

Apt. #

City

State

Zip Code

Work Office/Facility:

Signature

Date

This donation will not be processed unless form is completed in its entirety.

To be used by Correctional Human Resources Management:

_____ Date leave was deducted from your leave balance(s) _____.

_____ Maximum donations have been obtained for recipient, therefore, your donation was not processed.

_____ Employee is not participating in the leave donation program.

_____ Other (see attached).

Date: _____

Initials: _____