



Leave Donation Program

Donor Application

Employee Information (Leave Donor)

Donor Name: _____ **Department:** _____

Job Title: _____ **Employee I.D. #:** _____

Pay Frequency: **Monthly** **Bi-Weekly**

Leave Information

Type of Leave Donated	Hours Donated	For Payroll Period Ending
Annual Leave:		

*Note: Only **ANNUAL** leave can be donated. The minimal amount of leave donation allowable is – eight (8) hours; the maximum allowable leave donation is – Forty (40) hours. The employee donating the leave must have a balance of at least Eighty (80) hours remaining in his/her annual leave bank, after the donation. Accrued and unused paid leave donated by any one employee may not exceed 160 hours.*

Employee Information (Leave Recipient)

Employee to Receive Leave: _____

Department: _____

Pay Frequency: **Monthly** **Bi-Weekly** **Job Title:** _____

Note:

1. Use of donated leave is limited to the average number of hours in the employee's weekly scheduled tour of duty
2. Donated leave may not be used to supplement state-paid benefit program(s) (i.e. Disability Leave, Adoption/Childbirth Leave and/or Worker's Compensation.)

Certification

I hereby certify that this request is made voluntarily. I was not coerced, intimidated or financially induced into donating leave. By signing, I hereby relinquish all rights to the leave shown above and the benefits accruing to or attached to the same. I certify that I will have a remaining balance of 80 hours or more of combined (sick, vacation, personal, compensatory) leave after making this donation. I also understand that my identity as a donor is to be kept confidential and I will also honor that confidentiality.

Donating Employee Signature: _____ **Date:** _____

Validation – To Be Completed By Human Resources Department

Annual Leave Balance Before Donation of Hours	# of Hours Donated	New Annual Leave Balance of Hours

Human Resources Signature : _____ **Date:** _____

Vice President For Administration & CFO: _____ **Date:** _____

APPROVED: YES NO