

LEAVE DONATION FORM

DONOR INFORMATION

Information About Donor – please print clearly

Name	Department
Negotiating Unit	Work phone number

RECIPIENT INFORMATION

Information About Person to Receive Donation – please print clearly

Name	Department
Relationship to donor	

DONATION INFORMATION

Number of Vacation Days Donated

DONOR AUTHORIZATION

I hereby authorize the Personnel/Payroll Office to deduct from my vacation balance the number of days indicated above to be used as sick leave by the recipient named above. I certify that the days donated are not days I would otherwise forfeit and that this donation does not cause me to drop below a balance of ten days of vacation as of the date this donation is submitted.

Signature

Date

AGENCY AUTHORIZATION

I certify that the donor meets the eligibility criteria and the appropriate number of vacation credits has been subtracted from the donor's time record.

Print name

Signature

Date