

STATE SYSTEM OF HIGHER EDUCATION
REQUEST TO DONATE LEAVE

Date & Time Received

DONOR

Name of Donor

Personnel Number

University

Department

I understand that donations of annual and personal leave to the recipient named below may be made in one day increments (7.5/8.0 hours) up to a maximum of five days. I wish to donate ____ days of my earned annual leave balance and/or ____ days of my earned personal leave balance.

Name of Recipient

Department

My current annual leave balance is _____

My current personal leave balance is _____

I understand that this leave donation is voluntary and the leave donated is non-refundable unless the recipient fully recovers or separates prior to using my donated leave, the family member's condition no longer requires the recipient's absence, or the recipient has not used the donated leave by the end of the leave calendar year and is not expected to be eligible for donations in the following year.

I also understand that the recipient will not be provided with my name or donation amount; however, I may inform the recipient of my donation.

Donor Signature

Date

HUMAN RESOURCE OFFICE

_____ hours of annual leave were deducted from the donor's quota on _____.

_____ hours of personal leave were deducted from the donor's quota on _____.

Donations sufficient to cover the recipient's expected absences were received prior to this Request to Donate Leave form.

Employee is not eligible to donate leave

Reason:

HR Director Signature

Date