

# DONATION OF LEAVE

I voluntarily donate leave to: \_\_\_\_\_

I understand that I MAY NOT REVOKE THIS DONATION once it has been credited to the recipient's leave balance.

## DONOR

## RECIPIENT

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Last Four Digits  
of SSN: \_\_\_\_\_

Last Four Digits  
of SSN: \_\_\_\_\_

Department: \_\_\_\_\_

Department: \_\_\_\_\_

Number of Hours Donated: \_\_\_\_\_ Comp. Time  
\_\_\_\_\_ Vacation Time

\_\_\_\_\_  
Signature of Donor

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

**DONOR MAY NOT DONATE MORE THAN 40 HOURS OF VACATION IN A  
FISCAL YEAR (July 1st thru June 30th.)  
SICK TIME MAY NOT BE DONATED.  
NO LIMIT ON DONATED COMPENSATION TIME.**

## **PERSONNEL DEPARTMENT USE**

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Number of Hours

Calculated By: \_\_\_\_\_

Credited: \_\_\_\_\_

Data Entry: \_\_\_\_\_

Reason Not Approved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Copy: Personnel Department  
Recipient  
Donor  
Finance  
Recipient's Department  
Donor's Department