

## LEAVE DONATION FORM

I, the undersigned employee, wish to donate leave to the following employee (please print):

Amount of leave hours to be donated:

\_\_\_\_\_ Sick leave hours

\_\_\_\_\_ Annual leave hours

\_\_\_\_\_ PTO hours

Employee Signature: \_\_\_\_\_

Printed Name \_\_\_\_\_

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

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

### Return completed form to the Personnel Department

#### **Personnel Use:**

Received request date:

Is the *recipient* full-time or part-time? FT or PT

Has recipient met the qualifications? Y or N

Is the *donor* full-time or part-time? FT or PT

Does the FT donor have 40 hours of leave time or PT donor have 20 hours of PTO? Y or N

Has the donor met the threshold of donating half of accrued leave for the calendar year? Y or N

Transfer completed \_\_\_\_\_ By (initial/date) \_\_\_\_\_