**Request to Donate Leave**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PART I: TO BE COMPLETED BY DONOR** | | | | | | |
| Donor (your) Name | | | | | | Personnel Number |
|  | | | | | |  |
| Agency | | | | | Work Location/Building | |
|  | | | | |  | |
| **Recipient’s Information:** | | | | | | |
| Recipient’s Name | | | | | Agency | |
|  | | | | |  | |
| **Donor Statements:** | | | | | | |
| I wish to donate my actual (accrued) annual and personal leave. I understand that donations of annual and personal leave to the recipient named above may be made in one-day increments (7.5/8 hours) up to a maximum of five days. | | | | | | |  | |
|  | | **Annual Days** | | **Personal Days** |  | |
|  | |  | |  |  | |
| I understand that this leave donation is voluntary and the donated leave 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 understand that the recipient will not be provided with my name or donation amount; however, I may inform the recipient of my donation.  I understand that annual leave quota after donation cannot be less than the equivalent of five workdays of leave (37.5 or 40.0 hours) and that anticipated personal leave may not be donated. My current actual (accrued) leave quota is: | | | | | | |
|  | | **Annual** | | **Personal** |  | |
|  | |  | |  |  | |
|  | | | | | | |
| Donor’s Signature | | | | | Date | |
|  | | | | |  | |
| **PART II: TO BE COMPLETED BY HUMAN RESOURCES OFFICE** | | | | | | |
| Deductions made: | | | **Total hours** | **Date Deducted** | Deduct from: | |
|  |  | |  |  | Quota 10 | |
|  | Annual: | |  |  | Quota 11 | |
|  |  | |  |  | Quota 30 | |
|  | Personal: | |  |  | Quota 31 | |
|  | | | | | | |
| Donations returned | | | | | | |
| Sufficient donations were received prior to this Request to Donate Leave form. | | | | | | |
|  | | | | | | |
| Employee is not eligible to donate leave. | | | | | | |
| Reason: | | | | | | |
|  | | | | | | |
| HR Director or Designee Signature | | | | | Date | |
|  | | | | |  | |

|  |
| --- |
| Date and Time Received |
|  |