

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:										
<input type="checkbox"/> 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.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 2px;">Annual Days</th> <th style="width: 50%; padding: 2px;">Personal Days</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Annual Days	Personal Days								
Annual Days	Personal Days									
<p>I understand that this leave donation is voluntary and the donated leave is non-refundable, unless</p> <ul style="list-style-type: none"> - 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. <p>I understand that the recipient will not be provided with my name or donation amount; however, I may inform the recipient of my donation.</p> <p>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:</p>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 2px;">Annual</th> <th style="width: 50%; padding: 2px;">Personal</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Annual	Personal								
Annual	Personal									
<small>*By typing your name below, you understand that you are electronically signing this document and agree that your electronic signature will bind you in the same manner as if you had manually signed a paper copy. In addition, you acknowledge that you have read and understand the Donor Statements in this document and agree to be bound by the terms and conditions therein.</small>										
Donor's Signature *	Date									
PART II: TO BE COMPLETED BY HUMAN RESOURCES OFFICE										
<input type="checkbox"/> Deductions made:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 30%; padding: 2px;">Total hours</th> <th style="width: 30%; padding: 2px;">Date Deducted</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Annual:</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Personal:</td> <td></td> <td></td> </tr> </tbody> </table>		Total hours	Date Deducted	Annual:			Personal:		
	Total hours	Date Deducted								
Annual:										
Personal:										
<input type="checkbox"/> Quota 10 Quota 12 <input type="checkbox"/> Quota 11 <input type="checkbox"/> Quota 30 Quota 32 <input type="checkbox"/> Quota 31										
<input type="checkbox"/> Donations returned Sufficient donations were received prior to this Request to Donate Leave form.										
<input type="checkbox"/> Employee is not eligible to donate leave. Reason:										
FMLA Specialist	Date									

Date and Time Received
