



HUMAN RESOURCES LEAVE DONATION FORM

Employee Name: _____ Last 4 of Social Security #: _____

Leave Donation

I am donating leave to (employee name) _____

Type of leave I am donating _____ Number of hours I am donating _____

Type of leave I am donating _____ Number of hours I am donating _____

I am donating leave to the employee named above. I authorize the Payroll Section to deduct the leave specified above from my current leave accrual balance.

Employee Signature _____ Date _____

Payroll Use Only

Pay Period Ending _____

	Vacation	Holiday Comp
Balance		
Donated Hours		
Adjusted Balance		