

Department of Administration
Request to Donate Leave for Voluntary Shared Leave

DONOR

Name _____

Social Security Number (Print last four digits only) XXX-XX-_____

Position _____

Department/Division/University _____

Work Unit _____

I hereby request to donate leave to the approved recipient identified below:

_____ hours vacation leave (minimum donation of 4 hours). Bonus leave is also available to be donated as vacation leave under the Voluntary Shared Leave provisions.

_____ hours sick leave, only for an immediate family member (minimum donation of 4 hours)

Signature date

This is to certify that the donor has a sufficient leave balance in his/her leave account to effect this request without exceeding the minimum allowable balance (State Personnel Manual; Section 5, p. 32).

Donor's Timekeeper Signature date

EMPLOYEE TO RECEIVE LEAVE

Name _____

Position _____

Department/Division/University _____

If the recipient is an immediate family member in another Department/Division/University, please complete the following:

Relationship _____ Dept./Div./Univ. _____

Contact Person _____ Phone # _____