



Shared Leave Program

DONOR FORM

DONOR INFORMATION			
Name (First, Last)		Employee ID #	
Home Address	City	State	Zip
Employee ID #	Telephone Number _____ <input type="checkbox"/> HOME <input type="checkbox"/> CELL		

DONATION TO:
I am requesting to donate leave to:

SHARED LEAVE BANK
 INDIVIDUAL RECIPIENT

Recipients Name _____

LEAVE BALANCE			
	Annual Leave	Sick Leave	Totals
Donor's Leave Account Balance	_____	_____	_____
Amount of Leave Donated	_____	_____	_____
Donor's Ending Leave Balance	_____	_____	_____

NOTE
Sick and annual leave may be donated to a qualifying named Recipient or the Shared Leave Bank. Leave must be donated in one hour increments. Employees donating leave must maintain a combined balance of 12 days of annual leave and sick leave. Refer to chart to convert days to hours based on the works worked per week. Maintaining required minimum balances is solely the responsibility of employees. Terminated employees may not donate leave. Return the completed form to human resources.

	Hours Worked Per Week				
		40	42	42.50	42.88
12 days					
Conversion to Hours based on work week	96	100.80	101.92	102.96	134.4

Employee Signature: _____	Date: _____
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I understand that the donation of any leave is entirely voluntary. Direct donation in excess of requested leave will be deposited in the Shared Leave Bank.

HUMAN RESOURCES USE ONLY	
HR Representative Signature: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED