



Note: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

Email completed form to: payroll@utah.gov

For questions, call (801) 957-7770

LEAVE BANK DONATION REQUEST FORM

Employee Name _____ Employee Number _____ Dept./Unit/Dist. ____/____/____

Department Name _____ Division _____

I hereby donate _____ hours of annual leave to:

I hereby donate _____ hours of converted sick leave to:

I hereby donate _____ hours of excess leave to:

The Leave Bank of the Department of:

OR

a specific individual in the Department of:

and grant my authorization to have this amount deducted from my leave balance. I understand that this authorization is irrevocable and these hours will not be restored to my leave balance.

Signature of Employee

Date of Donation

FOR DEPARTMENT USE ONLY

Payroll Clerk deducting leave donation

Name _____ Title _____

Signature of P/R Clerk deducting leave donation _____ Date

Payroll Clerk adding leave donation

Name _____ Title _____

Signature of P/R Clerk adding leave donation _____ Date