



*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