



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.

For questions, please 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

Signature of P/R Clerk deducting leave donation

Date

Signature of P/R Clerk adding leave donation

Date