



## Leave Bank Donation Request Form

Employee Name Employee Number Company

Department Name Home Dept./Unit/Dist. No. 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