

SHARED LEAVE PROGRAM

DONOR INFORMATION SHEET

NOTE: PLEASE TYPE OR PRINT

Donation to: _____ Bank _____ Individual Recipient

Recipient's Name: _____
(If Applicable)

Donor's Name: _____

Donor's Social Security Number: _____

Donor's Department _____

Sick, annual and / or holiday leave may be donated to a qualifying named Recipient or to 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 and sick leave (not to include Holiday time). Maintaining required minimum balances is solely the responsibility of employees.

LEAVE ACCOUNT INFORMATION

	<u>VACATION</u>	<u>SICK</u>	<u>TOTALS</u>	<u>HOLIDAY</u>
Donor's Leave Account Balance	_____	_____	_____	_____
Amount of Leave Donated	_____	_____	_____	_____
Donor's Ending Leave Balance	_____	_____	_____	_____

I understand that the donation of any leave is entirely voluntary. Direct donations in excess of requested leave will be deposited in the Shared Leave Bank.

Donor's Signature / Date

Return Completed Form To Human Resources