LEAVE DONATION FORM

DONOR INFORMATION

Information About Donor

Name		
Negotiating Unit	Work Phone Number	E-Mail Address
Work Unit/Location		

RECIPIENT INFORMATION

Information About Person to Receive Donation

Name

DONATION INFORMATION

Number of **Vacation** <u>Days</u> Donated: [ ]

AUTHORIZATION

I hereby authorize the Human Resource Management/Payroll Office to deduct from my vacation balance the number of days indicated above to be used as sick leave by the recipient named above. I certify that the days donated are not days I would otherwise forfeit and that this donation does not cause me to drop below a balance of 10 (ten) days of vacation as of the date this donation is submitted.
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