

EMPLOYEE LEAVE DONATION REQUEST

1. Name of employee wanting to donate leave:

2. I have these current leave balances: _____AL _____SL

3. Name of employee needing donated leave:

4. **Type** and **amount** of leave to be donated: (Annual leave balances may not be reduced below 40 hours and at least twelve weeks of sick leave must be maintained.)

5. Reason for need of the donated leave:

6. This donation will cover the pay period dates _____ to _____

I have reviewed the above request for leave donation and recommend the following:

Approval _____ Disapproval _____

Program Director

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I have reviewed the above request for leave donation and grant:

Approval _____ Disapproval _____

Executive Director

cc: Original to Originating Employee
Payroll Department
Employee Personnel File