

**LEAVE DONATION REQUEST FORM**

April 1, 2018

<b>Recipient Employee Name</b>		<b>Donor Employee Information</b>
<b>Department</b>	<b># Sick Hours Donated</b>	<b># Vacation Hours Donated</b>

**Certification of Donating Employee:**

I do hereby certify in making this voluntary request that my Department has permission to transfer the above-listed hours of my sick leave to the Recipient Employee listed above. I understand that my sick leave balance will be reduced by this specified number of hours.

Donating Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification of Recipient's Department Head:**

I do hereby certify for the Recipient Department listed above that this request meets the guidelines for donating sick leave pursuant to policy and established procedures. I authorize Personnel Management and/or the Recipient's Department to add the total hours donated above to the Recipient Employee's sick leave records.

Recipient's Department Head \_\_\_\_\_ Date \_\_\_\_\_

**Approved/Denied:**

\_\_\_\_\_  
Personnel \_\_\_\_\_ Date \_\_\_\_\_