

CONFIDENTIAL RECORD

LEAVE DONATION FORM

Name of Donor Employee

Name of Recipient Employee

Title of Donor Employee

of Vacation Days Donated

Donor Employee's Work Phone #

I hereby authorize the Office of Human Resources/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 ten days of vacation** as of the date this donation is submitted.*

Signature

Date