



Leave Bank Donation Request Form

Employee Name Employee Number Company

Department Name Home Dept./Unit/Dist. No. Division

I hereby donate _____ hours of annual leave to:

I hereby donate _____ hours of converted sick leave to:

I hereby donate _____ hours of excess leave to:

The Leave Bank of the Department of:

OR

a specific individual in the Department of:

and grant my authorization to have this amount deducted from my leave balance. I understand that this authorization is irrevocable and these hours will not be restored to my leave balance.

Signature of Employee

Date of Donation

FOR DEPARTMENT USE ONLY

Signature of P/R Clerk deducting leave donation

Date

Signature of P/R Clerk adding leave donation

Date