



Shared Leave Program

DONOR FORM

| DONOR INFORMATION | | | |
|--------------------|---|----------------------|-----|
| Name (First, Last) | | Last 4 Digits of SSN | |
| Home Address | City | State | Zip |
| Employee ID # | Telephone Number _____ <input type="checkbox"/> HOME <input type="checkbox"/> CELL | | |

DONATION TO:
I am requesting to donate leave to:

SHARED LEAVE BANK
 INDIVIDUAL RECIPIENT

Recipients Name _____

| LEAVE BALANCE | | | |
|-------------------------------|--------------|------------|--------|
| | Annual Leave | Sick Leave | Totals |
| Donor's Leave Account Balance | _____ | _____ | _____ |
| Amount of Leave Donated | _____ | _____ | _____ |
| Donor's Ending Leave Balance | _____ | _____ | _____ |

NOTE
Sick and annual leave may be donated to a qualifying named Recipient or the Shared Leave Bank. Leave must be donated in one hour increments. Employees donating leave must maintain a combined balance of 12 days of annual leave and sick leave. Refer to chart to convert days to hours based on the works worked per week. Maintaining required minimum balances is solely the responsibility of employees. Terminated employees may not donate leave. Return the completed form to human resources.

| | Hours Worked Per Week | | | | |
|--|-----------------------|--------|--------|--------|-------|
| | | 40 | 42 | 42.50 | 42.88 |
| 12 days | | | | | |
| Conversion to Hours based on work week | 96 | 100.80 | 101.92 | 102.96 | 134.4 |

| | |
|---------------------------|-------------|
| Employee Signature: _____ | Date: _____ |
|---------------------------|-------------|

I understand that the donation of any leave is entirely voluntary. Direct donation in excess of requested leave will be deposited in the Shared Leave Bank.

| HUMAN RESOURCES USE ONLY | |
|------------------------------------|--|
| HR Representative Signature: _____ | <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED |