



LEAVE DONATION FORM

DONOR EMPLOYEE INFORMATION

Name	
Title	
Item Number	Negotiating Unit (check one) <input type="checkbox"/> CSEA <input type="checkbox"/> Council 82
Office	
Phone ()	# Vacation Days Donated

NAME OF RECIPIENT EMPLOYEE

I hereby authorize the Personnel/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.

This is a confidential record. Submit to the Personnel Office in a sealed enveloped marked 'Personal and Confidential'.

Donor Employee Signature

Date

For Internal Use

Signature of Personnel Officer

Date of Approval

Signature of Payroll Officer

Date of Transaction