

Leave Donor Form

Name: _____

SSN: _____

Department: _____

I would like to make the following donation (please check one):

- ½ Vacation Day
- 1 Vacation Day
- ½ Sick Day (only Support Staff eligible)
- 1 Sick Day (only Support Staff eligible)

I understand that the marked leave time above will be withdrawn from my leave balance and donated to the employee making the request for leave days.

Signature

Date