

**Leave Donation Program Request Form**

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Department: \_\_\_\_\_

Date Leave of Absence Began: \_\_\_\_\_  
Date of Expected Return to Work: \_\_\_\_\_

I would like to make a request for leave days under the Leave Donation Program. I understand and agree to a request being sent to the Denison community indicating that an employee has made a request for consideration under the Leave Donation Program. Additionally, I understand that the request will be confidential, meaning that I will not be identified by name or circumstance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date