

# Leave Donor Form

Name: \_\_\_\_\_

Denison ID # (last 8 digits on ID card) **D** - \_\_\_\_\_

Department Name \_\_\_\_\_

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

\_\_\_\_\_  $\frac{1}{2}$  Vacation Day (Admin & SOS eligible)      \_\_\_\_\_  $\frac{1}{2}$  Sick Day (SOS eligible only)

\_\_\_\_\_ 1 Vacation Day (Admin & SOS eligible)      \_\_\_\_\_ 1 Sick Day (SOS eligible only)

I understand that the marked leave time will be withdrawn from my leave balance and donated to the employee making the request for leave days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date