

Leave Bank Donation Request Form

Employee Name		Employee Numbe	r	Company
Department Name	Home D	/ / 0ept./Unit/Dist. No.	Divisio	n
I hereby donate	hours of annual leave to:			
I hereby donate	hours of converted sick le	eave to:		
I hereby donate	hours of excess leave to:			
The Leave Bank of	of the Department of:			
	OR			
		a spec	cific indiv	idual in the Department of:
	on to have this amount deduc le and these hours will not be			
Signature of Employee		Date of Do	nation	
FOR DEPARTMENT USE	ONLY			
Signature of P/R Clerk deduc	ting leave donation	Da	te	
Signature of P/R Clerk adding leave donation		Da	te	