



LEAVE DONATION FORM

NAME OF DONOR: _____ **EMPLOYEE #:** _____

DATE: _____ **CENTER/DEPARTMENT:** _____

TYPE OF LEAVE DONATING (CHECK ONE): **SICK** **VACATION**

NUMBER OF DAYS DONATING: _____

NAME OF RECIPIENT: _____

SIGNATURES:

Employee Signature: _____

Administrator/Supervisor Approval: _____

Human Resources/Payroll Authorization: _____

This form must be sent to the Payroll Department by the 10th of each month.