



I request that accrued time be donated to the Leave Bank to be used by approved leave recipients. As of the date indicated below, I have enough accrued time to cover this amount.

<b>TO BE COMPLETED BY LEAVE DONOR</b>			
DONOR'S NAME:		EMPLOYEE ID:	
JOB TITLE:		DEPARTMENT:	
E-MAIL ADDRESS:		SUPERVISOR NAME:	
<b>I WISH TO DONATE HOURS FROM THE FOLLOWING LEAVE BANKS</b>			
AS OF DATE:	SICK TIME:	VACATION:	PERSONAL:
<p>I understand that my initial donation must be at least eight hours, and subsequent donations must be in increments of eight. I understand that the donated hours will be treated as leave hours for an employee approved to receive donations under this program. I understand that my decision to donate accrued time is not revocable, I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave. The hours I donate will be deducted from my accrued time and transferred to the Leave Bank. I understand that after making such donation, I will retain at least fifty percent (50%) of my accrued time balance.</p>			
DONORS SIGNATURE:			DATE:
<b>PAYROLL DEPARTMENT VERIFICATION OF DONORS BALANCE OF ACCRUED TIME</b>			
AS OF DATE:	SICK TIME:	VACATION:	PTO:
PAYROLL REPRESENTATIVE:			DATE:

**SUBMIT THIS FORM TO HUMAN RESOURCES**

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