

**Donated Leave
Employee Donation Form**

EMPLOYEE INFORMATION

Employee ID Last Name First Name MI E-mail Address

EMPLOYMENT INFORMATION

Position Fund Orgn Department

DONATED HOURS

Sick Time

Vacation Time

_____ Hours

_____ Hours

AUTHORIZATION

Employee Signature

Date

_____ (mm/dd/yyyy): _____

ADMINISTRATION USE ONLY

Donated Leave Hours Accepted: _____

Date: (mm/dd/yyyy) _____

Donated Leave Hours Rejected: _____

Date: (mm/dd/yyyy) _____

Reason for Rejection: _____

Authorized Signature: _____

Date: (mm/dd/yyyy) _____