

TO: Human Resources Office
FROM: _____
SUBJECT: LEAVE DONATION AUTHORIZATION
DATE: _____

Under the provisions of the “Leave Donation” policy, I choose to donate to
_____ from my sick leave account.
Recipient

I authorize the Human Resources Office to debit my leave accrual account by the following amount:

Sick _____ hours

I understand that accrual hours will be credited to the recipient on an hour for hour basis.

| | |
|-----------------|-------|
| _____ | _____ |
| Name | Date |
| _____ | _____ |
| Human Resources | Date |
| _____ | _____ |
| President | Date |

For HR Office Use Only

Date of Colleague Entry
Donor _____ Recipient _____ Initials _____