

Leave Sharing Donor Application

Employee Name: \_\_\_\_\_  
(Last, First, M.I.)

Assignment Number: \_\_\_\_\_

I wish to donate \_\_\_\_\_ hours of annual or University Leave to:

\_\_\_\_\_  
(Recipient's Name)

My identity \_\_\_\_\_ shall be revealed \_\_\_\_\_ shall not be revealed to the potential recipient.

\_\_\_\_\_  
*Complete this section only if a donation is being made for a family member at another State agency.*

Recipient's State Agency Name: \_\_\_\_\_

Recipient's Relationship to Donor: \_\_\_\_\_

Donor's Certification: I have donated annual leave in eight-hour increments, or University leave in one-hour increments, and I can reclaim my donation only if my Donor Application has not yet been processed.

\_\_\_\_\_  
Donor's Signature Date

Timekeeper's Approval: I certify that this donor's annual or University leave balance will cover the authorized donated hours on this application.

\_\_\_\_\_  
Timekeeper's Signature Date

University Human Resources Authorization:

Transactions instructed to pay \_\_\_\_\_ hours.

\_\_\_\_\_  
Authorized By Date