



CONFIDENTIAL RECORD

LEAVE DONATION FORM	
Name of Donor Employee:	Name of Recipient Employee: (to be entered during Payroll entry)
Title of Donor Employee:	Payroll Item No.:
Donor Employee's Work Unit/Phone:	# of Vacation Days Donated:

I hereby authorize the Office of Human Resources/Payroll Office to deduct from my vacation balance the number of days indicated above to be used as sick leave by the recipient named above. I certify that the days donated are not days I would otherwise forfeit and that this donation does not cause me to drop below a balance of ten days of vacation as of the date this donation is submitted.

Date

Signature