LEAVE DONATION FORM

DONOR INFORMATION

Information About Donor		
Name		
Negotiating Unit	Work Phone Number	E-Mail Address
Work Unit/Location		
Work Only Edeation		

RECIPIENT INFORMATION

Information About Person to Receive Donation

Nomo		
Name		

DONATION INFORMATION

Number of Vacation Days Donated:

AUTHORIZATION

I hereby authorize the Human Resource Management/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 10 (ten) days of vacation as of the date this donation is submitted. cipi drosubmitted5