## ANNUAL LEAVE DONATION REQUEST



Date:	Donor:	Employee #:	Dept. #:
Department E days. Accrued	behalf of an employee to receive a donation Executive for approval. Approval will be gran d annual leave may be donated from one emplited to utilize sick leave, but has insufficient s	ted only for the intended purpose an ployee to another employee only in s	d for up to a maximum of 90
of 160 hours	nual leave are limited to a maximum donation from all donors per calendar year. Donated a ual leave remaining when the recipient's need	innual leave shall be used on a first-d	onated, first-used basis. Any
	Please transfer hours	of my accrued Annual Leave	balance to:
	Recipient (Employee in need of donation)	Recipient's Department	Name
 Donor	 Date		
Executive Dire	ector Date	Payroll Department	Date