## **ANNUAL LEAVE DONATION REQUEST**



Date:	Donor:	Employee #:	Dept. #:
Department Exe days. Accrued a	ecutive for approval. Approval will be	ation of accrued annual leave should be su granted only for the intended purpose and e employee to another employee only in si cient sick and annual leave available.	d for up to a maximum of 90
of 160 hours fro	om all donors per calendar year. Dona	nation of 40 hours per calendar year. Recipion ated annual leave shall be used on a first-d s need has ended will be returned to the last	lonated, first-used basis. Any
P	lease transferho	urs of my accrued Annual Leave l	balance to:
	Recipient Employee in need of donation)	Recipient's Department	Name
 Donor	Date		
Executive Direc	tor Date	Payroll Department	Date