



Payroll Department

Leave Donation Form

Name of Donor Employee

Name of Recipient Employee

Title of Donor Employee

Social Security Number

Payroll Item Number

Donor Employee's Work Phone

Number of Vacation Day's Donated

I hereby authorize the Human Resources Department/Time and Attendance Department 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 (10) days of vacation as of the date this donation is submitted.

Date

Signature