



DONATION OF ANNUAL LEAVE REQUEST FORM

Name of Employee Donating Annual Leave/Staff ID# _____

Position Held: _____

Department: _____

Current Annual Leave Balance: _____ Number of Hours Being Donated: _____

Name of Employee to Receive Donated Annual Leave: _____

I, _____, understand that my annual leave balance will be deducted by the number of hours I have donated. Further, I understand that in the event the recipient of my donated leave does not utilize the total hours donated, the balance will revert to me on a prorated basis.

I also understand that this request is subject to the LCC Policy and Procedures as outlined in the "Voluntary Donation of Annual Leave".

I, _____, understand and agree to accept responsibility for requesting information from the Human Resources Department regarding the Donation of my Annual Leave.

Employee Signature

Date

FOR HUMAN RESOURCE USE ONLY

Leave Balance for Employee Donating Annual Leave: _____

Verification that Employee receiving Donated Annual Leave has exhausted all accrued sick, annual and/or compensatory leave.

Donation Approved

*Donation Denied

Director of Human Resources

Date

***Written documentation will be attached stating the reason for denial.**