

**LEAVE DONATION AGREEMENT****DONATING EMPLOYEE:**\_\_\_\_\_  
(Last) (First) (Middle Initial)

Department: \_\_\_\_\_

I voluntarily donate the following hours. I further understand the deduction from my accumulated leave is:

- Leave must be donated in full increments of hours, and cannot be donated in partial amounts.
- The donated leave may not be used to supplement a paid benefit program, (e.g. worker's compensation, etc.)
- Donated leave may not be used for vacation.
- There is no guarantee that donated leave will be reciprocal if I need to utilize leave donation.

I acknowledge I have a minimum of two hundred forty (240) hours of sick leave in my bank.

\_\_\_\_\_ Total Hours Donated \_\_\_\_\_ Balance remaining

**PERSON TO RECEIVE DONATED LEAVE**

I elect to designate the donated leave to the below named employee:

\_\_\_\_\_  
(Last) (First) (Middle Initial)

Department: \_\_\_\_\_

**CERTIFICATION**

I hereby certify that this donation is made voluntarily. I was not coerced, intimidated, or financially induced into donating leave. By signing I hereby relinquish all rights to the leave shown above, and the benefits accruing to or attached to the same. I understand that the donation of leave is irrevocable and irreversible and that no leave will be refunded to me.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Donating Employee\_\_\_\_\_  
Signature of Human Resources Director