



STATE SYSTEM OF HIGHER EDUCATION  
REQUEST TO DONATE LEAVE

Date & Time Received

**DONOR**

\_\_\_\_\_  
Name of Donor

\_\_\_\_\_  
Personnel Number

\_\_\_\_\_  
University

\_\_\_\_\_  
Department

I understand that donations of annual and personal leave to the recipient named below may be made in one day increments (7.5/8.0 hours) up to a maximum of five days. I wish to donate \_\_\_\_ days of my earned annual leave balance and/or \_\_\_\_ days of my earned personal leave balance.

\_\_\_\_\_  
Name of Recipient

\_\_\_\_\_  
Department

My current annual leave balance is \_\_\_\_\_

My current personal leave balance is \_\_\_\_\_

I understand that this leave donation is voluntary and the leave donated is non-refundable unless the recipient fully recovers or separates prior to using my donated leave, the family member's condition no longer requires the recipient's absence, or the recipient has not used the donated leave by the end of the leave calendar year and is not expected to be eligible for donations in the following year.

I also understand that the recipient will not be provided with my name or donation amount; however, I may inform the recipient of my donation.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

**HUMAN RESOURCE OFFICE**

\_\_\_\_\_ hours of annual leave were deducted from the donor's quota on \_\_\_\_\_ .

\_\_\_\_\_ hours of personal leave were deducted from the donor's quota on \_\_\_\_\_ .

Donations sufficient to cover the recipient's expected absences were received prior to this Request to Donate Leave form.

Employee is not eligible to donate leave  
Reason:

\_\_\_\_\_  
HR Director Signature

\_\_\_\_\_  
Date