

Leave Sharing Bank

Annual Leave – Direct Donation Form

Instructions

Section A is to be completed by the State Classified employee making the donation.

Section B must be completed by the donating employee's department Oracle/Payroll Liaison.

(Return completed form to Human Resources, 6004 Campus Delivery)

Section A: State Classified Employee		
Last Name:	First Name:	M.I.
Employee ID #:		
Phone:		
Department:		
Campus Address:		
<u>Direct Donation</u>		
Donate _____ # of hours	annual leave hours directly to state classified employee:	_____ Print Name
I understand that my donation is voluntary and non-refundable. I understand that a <i>minimum</i> of four (4) hours of accrued leave is required and that my annual leave balance will be decreased by the amount donated. I certify that my donation will not result in a negative leave balance. I understand that my donation is confidential.		
Employee Signature: _____ <i>(electronic signature accepted)</i>		Date: _____
Section B: Department Information		
I certify that the above-named employee's annual leave balance has been reduced by _____ hours.		
Department Personnel/Payroll Coordinator (Print):		Phone #:
Department Personnel/Payroll Coordinator Signature: _____ <i>(electronic signature accepted)</i>		Date: _____
- Human Resources Use -		
SC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary: \$	Employee Notification Sent: Spreadsheet Updated:

