

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:			
Number of Annual Leave Hours Donated:			
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: _____		Date: _____	
<i>(electronic signature accepted)</i>			
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: _____		Date: _____	
<i>(electronic signature accepted)</i>			
- Human Resources Use -			
SC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary: \$	Employee Notification Sent:	Spreadsheet Updated:

