

DEPARTMENT OF FINANCE AND ADMINISTRATION
DONATION OF LEAVE FOR CATASTROPHIC ILLNESS OR INJURY

I, _____, hereby request that _____ hours of
(Name of Donor Employee)

personal leave or _____ hours of major medical leave presently credited to my account

be donated upon receipt of this signed form to _____
(Name of Recipient Employee)

employed by _____.
(Name of Agency)

(Signature of Donor Employee)

(Date Signed)

(Signature of Office Director or Designee)

(Date Signed)