

Shared Leave Program

Leave Donation Form

Employee Full Name

Date

I wish to donate _____ hours of vacation leave (full hour increments, 40 hour maximum per year donation) to use as part of the Shared Leave Program.

An employee who donates leave must retain a total of 40 hours of leave in his/her accrued vacation balance.

I agree that my donation is strictly voluntary. I agree that the hours to be transferred have already been accrued. I agree that after my leave donation has been charged against my balance, it is irrevocable and **cannot be withdrawn.**

Employee Signature

Date