# I voluntarily authorize to deduct from my

#  (Name of Employee/Donor) (Donor’s Agency Name)

# accrued vacation, sick and/or compensatory leave balance(s) the number of hours indicated below to be used to provide additional hours of paid leave to the person designated. I understand hours donated, once transferred, are not recoverable.

Hours Donated (Whole Hours): Vacation Compensatory \*Sick\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Refer to applicable collective bargaining agreement LOA or policy

I donate these hours to

 OR#

# Signature of Donor: Date:

# Donor OR Number:

Donor’s Agency HR/Payroll Office Use Only

Approved Disapproved\_

Agency Head Signature: Date:

Approved Disapproved\_

Appointing Authority Signature: Date:

Donor’s Base/Hourly Rate Number of Hours Donated Date Request Processed

Signature of Payroll Processor: Date:

Receiving Agency HR/Payroll Office Use Only

Approved Disapproved\_

Agency Head Signature: Date:

Approved Disapproved\_

Appointing Authority Signature: Date:

Donor’s Base/Hourly Rate Number of Hours Donated Date Request Processed

Signature of Payroll Processor:

 Date: