



## ANNUAL LEAVE DONATION

I authorize the donation of \_\_\_\_\_ hours of my earned annual leave balance to \_\_\_\_\_ . I understand the balance of my earned annual leave will be reduced by \_\_\_\_\_ hours. I also understand that donated leave is deducted on a first come donated basis, and any unused time I donate may not be deducted, or may be returned to my accrued leave balance.

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Signature of Donor

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Date

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Printed Name of Donor