

## ANNUAL LEAVE DONATION APPLICATION



### APPLICANT (Recipient Employee) INFORMATION:

<b>APPLICANT (Recipient Employee) INFORMATION:</b>			
Date of Application:		Date of Hire:	
Name:		SSN:	
Address:		City:	
State:		ZIP:	
Home Phone:	Cell Phone:	Other Contact Phone:	
Purpose of Leave:			
Estimated Length of Absence:			
<p>I understand the Annual Leave Donation Policy and in order for my application to be considered, I must complete this form, provide requested medical documentation, and obtain my supervisors signature. This application must be completed to be processed.</p>			
Recipient's Signature:		Date:	
<b>APPLICANT (Recipient Employee) EMPLOYMENT INFORMATION:</b>			
Name of Immediate Supervisor:		Department:	
Work Phone:		Work Schedule:	
Supervisor's Signature:		Date:	