



REQUEST TO DONATE LEAVE

Employee's Name _____

Department _____

I wish to donate _____ hours of my accrued annual leave.

I wish to donate _____ hours of my accrued sick leave.

My signature below certifies that:

- 1. My paid annual leave balance as of date below is _____ hours.
- 2. My paid sick leave balance as of date below is _____ hours.
- 3. I have read and abided by CSC's Leave Sharing Policy.
- 4. The leave that I am requesting to donate will not place my accrued paid leave balance below 160 hours.
- 5. I am donating this leave voluntarily of my own free will.

Employee's Signature _____

Date _____

(Office use only)

Donor's annual leave balance is _____ on _____. Verified by _____
(Today's date) Initials

Donor's sick leave balance is _____ on _____. Verified by _____
(Today's date) Initials

APPROVED DISAPPROVED

Comments: _____

Human Resources Director _____

Date _____