



LEAVE DONATION FORM

Employee Name: _____

Date: _____

Employee's ID Number: _____

Employee's Supervisor: _____

With my signature below, I elect to donate a portion of my time benefit hours to the Institute's Leave Donation Program.

____ Number of hours

____ Number of day(s)

____ Type of Leave - Vacation (V), Vacation Carry Over (VC) or Personal Time (P)

I understand that once this form is submitted to Human Resources, the following conditions apply:

- This form is irrevocable.
- I will not incur any tax implication from this donation.
- I am not able to designate the employee who is going to receive this time.
- The time that I am donating will be deducted from my account balance in the month in which it is given out to a recipient.
- I am not allowed to borrow against future vacation/personal time and carry a negative account balance.

Employee Signature: _____

Date: _____

Human Resources Use Only:

Current vacation balance: _____

Current personal time balance: _____

New vacation balance: _____

New personal time balance: _____