

**Leave Donation Program**  
Leave Donation Adjustment Form  
(revised 4/16/04)

**Donor: Complete sections 1 & 2**

1. \_\_\_\_\_  
Donor Employee Name SSN  
Hours Donated: \_\_\_\_\_ (minimum 1 hour, maximum 40 hours)  
Vacation

Leave Balance \_\_\_\_\_  
After Donation: Vacation Comp Sick

\_\_\_\_\_  
\*\*Dept. Head/Bus. Mgr. Signature Date Mail Loc

2. Time donated to:

\_\_\_\_\_  
Name SSN (will be completed by Benefits)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.  Approved  Not Approved

\_\_\_\_\_  
Benefits Representative Signature Date

4.  Donor Hours Adjusted in HRMS  Recipient Hours Adjusted in HRMS

\_\_\_\_\_  
PEIS Representative Signature Date

Leave Donation Donor Application must also be completed  
Retain a copy for your records / return original form to Benefits ML 0099