

Leave Donation Authorization

Please type or print information clearly

Voluntary Leave Donation Program

By my signature, I certify that in submitting this "Leave Donation Authorization," I agree to transfer vacation leave hours from my vacation leave account to the account of the recipient named below. I understand that the leave I volunteer to transfer will be transferred effective the beginning of the first pay period after the receipt of this authorization by the Payroll Office. (Note: You may NOT donate vacation leave to your supervisor.) I affirm that this leave is given freely without any promise of benefit or of being threatened by reprisal if I failed to make this donation.

Donor Information

1. First Name	2. Last Name	3. Employee number
4. Leave donation information Number of vacation hours to be transferred: Name of recipient receiving the transferred vacation hours:		
5. Signature	6. Date	

NOTE: Regulations for the voluntary leave donation program require that donations of leave be authorized in writing by the donor. Your employee number is requested to verify the identity of the donor, and avoid errors in identifying leave accounts.

Questions regarding the Voluntary Leave Donation Program, or this form, may be directed to the Human Resources Department.

Please return the completed form to Human Resources, ATRF.

For Use by Human Resources Department Only

7. Date Received	8. Date Approved	9. Approved By
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Leave Donation Authorization – Instructions

1. Print the donor's first name submitting the authorization.
2. Print the donor's last name submitting the authorization.
3. Enter donor's employee number.
4. Enter number of leave hours being transferred and to whom they are being transferred to.
5. Enter donor's signature.
6. Enter the date the donor completed the authorization.
7. Human Resources Department use – date authorization received.
8. Human Resources Department use – date authorization approved.
9. Human Resources Department use – HR personnel approving the authorization.