



Leave Share Program Donor Form

I wish to donate the number of hours of annual leave shown below. I understand that I cannot reclaim my donated leave, unless my leave donor form has not yet been processed.

| | |
|--|--|
| Date | |
| Name | |
| Banner ID | |
| Campus Phone Number | |
| Annual leave hours donated (8.00 hour increments required) | |

Recipient (check one):

| | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Anonymous |
| <input type="checkbox"/> | Specific recipient. Enter name: |

Donor Signature:

| |
|--|
| |
|--|

***** Office of Human Resources Use Only *****

| | |
|---------------------------|--|
| Recipient Banner ID | |
| Administrator's Signature | |
| Date | |
| Coordinator's Signature | |
| Date of Transfer | |