



Donated Leave Request Form

I, _____, request to donate _____ hours of my Earned Leave
(print donor employee's name)

to _____, as per CMH Leave Policy 8650-700.
(print recipient employee's name)

This donation is voluntary, and will not be reversed once processed.

Signed: _____ Date: _____

HUMAN RESOURCES ONLY:

Request received: _____

Is recipient eligible per policy? Yes No

Is donor eligible per policy? Yes No

Signed: _____ Date: _____

PAYROLL ONLY:

Request received: _____

Donor will have at least 80 hours Earned Leave, after donation? Yes No

Recipient's Earned Leave bank meets policy guidelines? Yes No

If hours transferred, enter date and hours. Date: _____ Hours: _____

Signed: _____ Date: _____

original to recipient payroll file
copy to donor payroll file