

COVID-19 MAJOR DISASTER SHARED LEAVE DONATION FORM

Complete this form and submit to Human Resources; you will be notified by Human Resources once your donation is approved			
Donor Employee Last Name:		Donor Employee First Name:	
<p>I voluntarily donate the following total leave hours to COVID-19 Major Disaster Shared Leave program. I have read the COVID-19 Major Disaster Shared Leave Program and understand the terms and conditions of donating. I understand that these donated leave hours will be deducted from my current balance(s) and that any unused shared leave will be restored to me, subject to each policy. I also understand that I cannot recover donated leave hours if my employment is terminated for any reason.</p>			
Total Leave Hours Donated: _____ Hours			
Donor's Signature		Date	
VACATION	DONOR COMPLETES	HUMAN RESOURCES COMPLETES	
Complete this section to donate Vacation leave . You may donate a minimum of four (4) hours and must leave a minimum balance of sixty (60) hours. Unused hours will be returned to your Vacation leave balance, subject to rollover and maximum accrual policy.	# Hours Donated	# Hours Available	Balance after Donation
SICK LEAVE			
Complete this section to donate Sick leave . You may donate a minimum of four (4) hours and must leave a minimum balance of forty (40) hours. Unused hours will be returned to your Sick leave balance, subject to rollover and maximum accrual policy.	# Hours Donated	# Hours Available	Balance after Donation
FLOATING HOLIDAY			
Complete this section to donate Floating Holiday leave . You may donate a minimum of four (4) hours. Unused floating holiday hours will be restored if returned in same calendar year granted and will not roll over into the next calendar year	# Hours Donated	# Hours Available	Balance after Donation
TOTAL HOURS DONATED	Total Hours Donated		
HUMAN RESOURCES Approval			
The \$ value of these hours will be credited to the shared leave account	_____ # Vacation Hours	_____ \$ Value Vacation Hours	
	_____ # Sick Leave Hours	_____ \$ Value Sick Leave Hours	
	_____ # Floating Holiday Hours	_____ \$ Value Floating Holiday Hours	
Human Resources Name:		Title:	
Signature		Date:	