

ANNUAL LEAVE DONATION FORM

Section A: STATE CLASSIFIED or ADMINISTRATIVE EMPLOYEE (Please type or print legibly in ink.)		
Last Name:	First Name:	MI:
WSC ID No.	Daytime phone:	
Dept.	Job classification:	
Number of Annual Leave Hours donated:		
I understand that:		
(1) my donation is voluntary and non-refundable; (2) my annual leave balance will be decreased by the amount donated; and, (3) my donation is confidential.		
I certify that this donation will not reduce my annual leave balance to less than 40 hours.		
Signature:	Date:	
Section B:		
Date	Initials	FOR HUMAN RESOURCES USE ONLY
		Employee's annual leave balance reduced by _____ hours
		Employee's remaining annual leave balance: _____ hours
		Donated hours posted to Leave Bank balance
		Thank you note sent