

**ATTACHMENT A
CONFIDENTIAL RECORD**

**LEAVE DONATION FORM
DONOR INFORMATION**

Information About Donor

Name		Title	Salary Grade
Negotiating Unit	Payroll Item #	Social Security Number	Work Phone Number
Work Unit/Location			

RECIPIENT INFORMATION

Information About Person to Receive Donation

Name	Work Unit/Location
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DONATION INFORMATION

Number of Vacation Days Donated:

Authorization:

I hereby authorize the Personnel Office to deduct from my vacation balance the number of days indicated above to be used as sick leave by the recipient named above. I certify that the days donated are not days I would otherwise forfeit and that I will have a minimum vacation balance of at least ten days after making the donation.

Date	Signature of Donor
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