



Employee Interagency Annual Leave Donation and Restoration

THIS SECTION TO BE COMPLETED BY DONOR			
Donor's Name		Donor's Employee Identification Number (EIN)	
Agency	Division	Section	Unit
Donor's Work Phone		Number of Hours to be Donated	
Recipient's Name		Recipient's Agency/Division/Section/Unit	
<input type="checkbox"/> I am a member of the recipient's family; I am the recipient's.... <input type="checkbox"/> Spouse <input type="checkbox"/> Child (natural, adopted, step or foster) <input type="checkbox"/> Parent (natural, adopted or step) <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother/Sister-in-law <input type="checkbox"/> Son/Daughter-in-law <input type="checkbox"/> Father/Mother-in-law <div style="text-align: center;"> <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Niece/Nephew </div>			
Under the provisions of Personnel Rule R2-5A-B602(F), I wish to contribute the number of hours of annual leave entered above to the recipient. I understand that all unused annual leave I have contributed to the recipient will be returned to me on a proportional basis as determined by my agency's payroll office. By my signature as donor, I certify that my relationship to the recipient is as indicated above. Misstatement of my relationship to the recipient may subject me to disciplinary action, up to and including separation from State employment.			
Donor's Signature		Date	

TO BE COMPLETED BY THE DONOR'S PAYROLL OFFICE		TO BE COMPLETED BY THE RECIPIENT'S PAYROLL OFFICE	
The number of hours shown below has been removed from the donor's accrued annual leave balance and is to be transferred to the donated leave balance of the recipient.		The number of hours shown below has been posted to recipient's donated leave balance.	
Number of Hours Donated	Dollar Value of Hours Donated	Number of Hours Posted to Recipient	
Processed by	Date	Processed by	Date
Contact Phone Number	Contact Fax Number	Contact Phone Number	Contact Fax Number
Contact Email Address		Contact Email Address	

Communication of Previously Donated Annual Leave Status

(This section of the form must be completed and returned to donor's payroll office when the recipient's period of sick leave has ended, even if the number of unused hours is zero.)

TO BE COMPLETED BY THE RECIPIENT'S PAYROLL OFFICE		TO BE COMPLETED BY THE DONOR'S PAYROLL OFFICE	
The number of previously donated hours shown below was not used by recipient and is to be restored to donor's annual leave balance.		The number of hours shown below has been posted to donor's leave balance.	
Number of Hours Unused	Dollar Value of Unused Hours	Number of Hours Restored to Donor	
Processed by	Date	Processed by	Date