

MCINTOSH TRAIL CSB
ACCRUED LEAVE DONATION FORM

In accordance with McIntosh Trail s policy on leave donation, I hearby donate:

_____ hours of my annual leave and/or

_____ hours of my sick leave and/or

_____ hours of my personal leave

to be used by: _____
Name of Recipient Work Location

I understand that the above amount(s) of donated leave will be deducted from my accrued annual, and/or sick, and/or personal leave balance(s) and will not be available for my use.

Print Name of Donor Social Security No.

Signature of Donor Date

This leave donation will not be processed without a signature.

LEAVE KEEPER - Complete this section.

Leave Balance(s) After Donations:

Annual _____

Sick _____

Personal _____

Signature of Leave Keeper Date

**MAIL ORIGINAL OF THIS FORM DIRECTLY TO THE PERSONNEL
MANAGER BY THE POSTED DEADLINE DATE.**