

# Clafin University

## Donor Form - Leave Sharing Program

I wish to donate annual/vacation leave hours as indicated below. I understand that I cannot reclaim donated annual/vacation leave hours after receipt has been acknowledged by the Office of Human Resources.

DONOR NAME: \_\_\_\_\_

EMPLOYEE ID #: \_\_\_\_\_

ANNUAL LEAVE HOURS DONATED: \_\_\_\_\_

- 1) \_\_\_ General Leave Pool
- 2) \_\_\_ Designated (Please provide recipient's name)

RECIPIENT'S NAME: \_\_\_\_\_

DONOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

-----  
**OFFICE OF HUMAN RESOURCES USE ONLY**

DATE RECEIVED: \_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_