

**LEAVE DONATION FORM
DONOR INFORMATION**

Information About Donor

Name		Title	
Negotiating Unit	Albany ID	Work Phone Number	
Work Unit/Location		Supervisor	

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/Payroll 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 this donation does not cause me to drop below a balance of ten days of vacation as of the date this donation is submitted.

Date	Signature of Donor
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