Gift of Time Donation Form

Name					
ID#					
Check one	Hourly	Salarieđ			
		* must have all prior monthsbeave reports approved AND take into account any days used but not yet submitted and approvienthe current month			
I wish to giveup to _	hours (max	40 hours per benefit year, a peol-for partime/100%			
appointment employ	e)es f my paid leav <i>t</i> a	acation time to			
	Name :	ame :			
	ID# :				
I understand that anetime deduction of the hours above/ill be taken from my unused accrued paid leave/acation bankand converted based only and the receiver surrenthourly rate. This Gift of Time is for the expressurpose of helpingmy fellow employee in their time of need have anticipated my time-off needs and recognize that this time once given cannot be returned.					
			I understand that the	Office of Hum Re s	ourcesvill checkmy leave balance to be suffeat
			haveenough time ac	crueto makethis gift	at the time it is needed, which may affect my ability to
			donate.		
Employee Signature		 Date			
Supervisor Signature		Date			
On behalf o	f the employeen ne	edwho will beable to useyour Gift of Time,			
	thank you	for your generosity.			
	HF	R Office Use			
	reports1 st pay:				
notify donor	2 nd pay:	_ PEALEAV entry			