REQUEST TO DONATE LEAVE

PART 1 – TO BE COMPLETED BY THE DONATING EMPLOYEE

Thank you for your interest in supporting a colleague in need.

You may request to donate leave in full one-hour increments that will be deducted from your current balance. You may not donate vacation leave that would reduce your balance to less than eighty (80) hours or hours that you would be unable to use because they are in excess of the maximum accrual days allowed. You may not donate sick leave that would reduce your balance to less than twenty-two (22) days. You may donate all or part of your personal holiday. The cash value of these hours will be credited to the account of the designated receiving employee. Any shared leave not used by the receiving employee will be returned to you on a pro-rata basis.

*Please complete and sign this form and submit it to the Payroll Department.*

Name of employee you want to donate to: __________________________________________________________

Hours to be donated: ____________________ ____________________ ____________________

<table>
<thead>
<tr>
<th>Sick Leave</th>
<th>Vacation Leave</th>
<th>Personal Holiday</th>
</tr>
</thead>
</table>

Your Name ___________________________ SID # ___________________________ Phone # ___________________________

Your Signature ___________________________ Date ___________________________

PART 2 – TO BE COMPLETED BY THE PAYROLL DEPARTMENT

You are eligible and approved to donate hours as follows:

<table>
<thead>
<tr>
<th>Sick Leave</th>
<th>Vacation Leave</th>
<th>Personal Holiday</th>
</tr>
</thead>
</table>

Payroll Manager/designee ___________________________ Date ___________________________