

**TO BE FILLED OUT BY DONOR**

NAME OF EMPLOYEE WANTING TO DONATE \_\_\_\_\_

NAME OF INTENDED RECIPIENT \_\_\_\_\_

NUMBER OF HOURS I WISH TO DONATE: SICK \_\_\_\_\_ VACATION \_\_\_\_\_ PERSONAL HOLIDAY \_\_\_\_\_

I \_\_\_\_\_ SID \_\_\_\_\_ wish to donate leave in accordance with the college's shared leave regulation. I understand that this is subject to approval.

SIGNATURE OF LEAVE DONOR \_\_\_\_\_ DATE \_\_\_\_\_

**RETURN COMPLETED FORM TO HUMAN RESOURCES****FOR HUMAN RESOURCES OFFICE USE ONLY**DONOR MEETS ELIGIBILITY CRITERIA  YES  NORECIPIENT MEETS ELIGIBILITY CRITERIA  YES  NO

BENEFITS COUNSELOR \_\_\_\_\_ DATE \_\_\_\_\_

**PRESIDENTIAL DESIGNEE APPROVAL** I APPROVE THE ABOVE REQUESTED DONATION. I DO NOT APPROVE THE ABOVE REQUESTED DONATION.

EDMONDS CC VP FOR HR \_\_\_\_\_ DATE \_\_\_\_\_