

## AUTHORIZATION FOR PAID TIME DONATION

I hereby voluntarily donate to the employee named below, the leave time indicated:

I donate \_\_\_\_\_ vacation hours, \_\_\_\_\_ floating holiday hours.

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Name of Employee to Receive Donation

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Employee ID Number

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Department of Employee Receiving Donation

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I understand that by donating my paid time off as specified my donation is irrevocable regardless of whether the time is ultimately used by the person to whom I am donating this time.

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Print Name of Employee Donating Leave

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Signature of Employee Donating Leave

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Department of Employee Donating Leave

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Employee ID Number

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Date

**Original: Recipient's Payroll Clerk**

**Copies: Donor's Payroll Clerk  
Finance, Payroll Division**