

LEAVE POOL DONATION FORM

EMPLOYEE NAME _____

SCEIS PERSONNEL NUMBER _____ - _____ - _____

EMPLOYEE'S DIVISION/DEPARTMENT: _____

PLEASE TRANSFER THE FOLLOWING AMOUNTS OF LEAVE FROM THE ACCOUNTS SPECIFIED TO THE DEPARTMENT LEAVE POOL:

HOURS ANNUAL LEAVE DONATED: _____

HOURS SICK LEAVE DONATED: _____

(I understand that I may donate no more than one half of the Annual or Sick leave earned for the current year at the time of donation and that I must retain a balance of 15 days Sick leave in order to donate Sick leave.)

DATE OF DONATION: _____

DONOR'S SIGNATURE _____

ALL SICK OR ANNUAL LEAVE DONATIONS MUST BE MADE PRIOR TO
DECEMBER 31ST OF EACH YEAR

FORWARD THIS COMPLETED FORM TO THE OFFICE OF FINANCIAL SERVICES, LEAVE PROCESSING UNIT, ATTENTION: BEVERLY PEELE, PO BOX 1993, BLYTHEWOOD, SC 29016.

FORMS MUST BE RECEIVED NO LATER THAN JANUARY 5 IN ORDER TO PROCESS PRIOR YEAR DONATIONS.

THIS PORTION TO BE COMPLETED BY THE OFFICE OF FINANCIAL SERVICES:

DATE RECEIVED: _____

DATE PROCESSED: _____