

LEAVE POOL DONATION FORM

Employee Name _____

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 Human Resources, Attention: Cheryl Hinson, P. O. Box 1993, Blythewood, S. C. 29016.

Forms must be received no later than January 4th in order to process prior year donations.

This portion to be completed by the Office of Human Resources:

Date Received: _____

Date Processed: _____

Rev. 12/7/2012