

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: _____

Thank you for your donation!

Forward this completed form to the Office of Human Resources, Attention: Cheryl Hinson, P. O. Box 1993, Blythewood, S. C. 29016.

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

Date Received: _____

Date Processed: _____

Rev. 1/6/2014