



**GEORGIA DEPARTMENT OF HUMAN SERVICES  
Human Resources Policy #1010 A1**

**LEAVE SOLICITATION NOTICE**

**Posting Date** \_\_\_\_\_

**Deadline for Receiving Donations** \_\_\_\_\_

\_\_\_\_\_  
Employee Name (Recipient)

\_\_\_\_\_  
Organizational Unit

The employee listed above has been authorized to solicit leave donations for the following reason:

The employee's personal illness/disability

OR

To care for the employee's:

Child

Spouse

Parent

Sibling

Other Legal Dependent

**The donation of leave is voluntary.**

**All leave donated to the above employee will be credited as sick leave.**

To donate annual, personal, and/or sick leave to this employee, please complete and submit the Leave Donation Authorization to your leave keeper at least one (1) week prior to the posted deadline date. The form is Attachment #2 of DHS Human Resources Policy #1010. Leave keepers are to forward the completed Leave Donation Authorizations to the recipient's human resources office.

I agree that this Leave Donation Notice is satisfactory and should be circulated and/or posted as written.

\_\_\_\_\_  
**Employee or Designee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Approving Manager Name**

\_\_\_\_\_  
**Date**

**Approved**       **Denied**

\_\_\_\_\_  
**Approving Manager Signature**

\_\_\_\_\_  
**Date**