



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #1010 A2**

LEAVE DONATION AUTHORIZATION

SECTION I: To be completed by the donor.

In accordance with the Leave Donation policy, I donate:

____ hours of my annual leave ____ hours of my personal leave ____ hours of my sick leave

to be used by _____
Employee Name (Recipient) Organizational Unit

I understand that the above amount(s) of donated leave will be deducted from my annual, personal, and/or sick leave balance(s) and will not be available for my use.

Donor Printed Name Work Phone # Employee ID #

Organizational Unit & Address

Donor Signature Date

SECTION II: To be completed by the donor's leave keeper.

Date Received by Leave Keeper

Leave Balance(s) After Donation:

____ Annual ____ Personal ____ Sick

Leave Keeper Signature Date

SECTION III: To be completed by the recipient's human resources office.

Amount of Leave Donated Amount of Leave Returned

Date Received by HR HR Representative Name