This form is used to donate leave from one employee to a designated employee within an employee unit at any location within the District. Leave donations may not be made to an employee outside the designated employee unit.

Please print or type. See Instruction box below for processing instructions.

1. **To Be Completed By Employee**

   **A. Donor Information** This section identifies you and the number of days of illness leave you are donating.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Employee Number</th>
<th>Employee Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **YOUR DONATION**

<table>
<thead>
<tr>
<th>QUOTA</th>
<th>DAYS</th>
<th>LIMITATIONS BY EMPLOYEE UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness</td>
<td>AFT Faculty Guild / Staff Guild Only: 1 or 2 days per academic/fiscal year</td>
<td></td>
</tr>
<tr>
<td>Vacation</td>
<td>AFT Staff Guild Only: Up to 5 days per fiscal year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Academic Administrators Only: Up to 40 hours per academic year</td>
<td></td>
</tr>
</tbody>
</table>

   **Location**

   **B. Recipient Information** This section identifies the employee who will receive your donation. To ensure the correct employee receives your donation, all information must be identified. Your personnel office can assist you with this requirement.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Employee Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **C. Voluntary Authorization**

   I authorize the District to deduct the days indicated above from my leave time. In authorizing this deduction, I understand my donation is subject to the following:
   
   • I am a regular employee of the District in the employee unit identified above.
   • I have accumulated the required full-pay leave quota (balance).
   • I understand that all leave donations can only be revoked until executed but that once executed, the donation is irrevocable.

   Donor-Employee Signature ___________________________ Signature Date __________

   **SIGN, DATE, AND FORWARD THIS FORM DIRECTLY TO HUMAN RESOURCES, DISTRICT OFFICE.**

2. **To Be Completed By Human Resources and Payroll Services** (Complete A or B)

   **A. Eligibility Requirements Met:** Execution Date: ____________ Number of Days/Hours Transferred: ____

   **B. Eligibility Requirements Not Met:** ____________________________

**INSTRUCTIONS / IMPORTANT INFORMATION FOR EMPLOYEE**

- **Eligibility Requirement:** Your donation is executed only when the recipient-employee meets all eligibility requirements specified in the applicable collective bargaining agreement.

- **Program Summary:**
  
  • Donations are valid for 60 days from date of submission. Donations are executed as long as the recipient-employee is eligible to receive a donation.
  
  • Leave is not deemed transferred until actually processed by Payroll Services, District Office. Once processed and transferred, donations are irrevocable.

- **Processing:**
  
  • Your donation is deducted from your leave quota (balance) when the donation is executed.
  
  • Upon execution, Payroll Services, District Office, will complete Section 2 of this form and send a copy of the processed form to you as confirmation your donation was executed.
  
  • If you do not receive confirmation of your request was used within 60 days, you should contact Payroll Services, District Office.