



MEMORANDUM

TO: Human Resource Office  
FROM: Jinda Haynes, Assistant Superintendent Human Resources/Leadership Development  
SUBJECT: Donation of Time to Voluntary Shared Program  
Benefits and Employment Manual, Policy ID# 4.3  
DATE: \_\_\_\_\_

NOTICE

1. The employee to receive the donation of leave shall be named and the amount and type of leave donated shall be specified.
2. The minimum amount to be donated is one half of a day or its equivalent number of hours.
3. The amount donated must not reduce the donor's annual leave balance below one-half of what that person can earn in the year.
4. The donating employee may not receive compensation in any form for the donation of leave.

I understand the above information and wish to donate voluntary shared leave time as indicated below:

Please move \_\_\_\_\_ days which is equivalent to \_\_\_\_\_ hours from my (annual leave \_\_\_\_\_ sick leave \_\_\_\_\_) account and give that amount to the account of \_\_\_\_\_ (Name). If you received bonus leave based on your employment as of 9/30/02 and would like the leave requested above deducted from that balance please check here: \_\_\_\_\_.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Employee ID#