

Leave Donation Program Request Form



Please fill out form after reviewing the **Leave Donation Program Statement of Policy** for all eligibility requirements and guidelines. Questions and completed forms can be submitted to Human_Resources@acralending.com.

RECIPIENT INFORMATION

Full Name:

Job Title:

Supervisor:

DONOR INFORMATION

Full Name:

Job Title:

Supervisor:

My Donation Type: **May donate one or both types. Donate hours in one-hour increments.*

Sick Leave

hours.

Vacation Time

hours.

Reason for Donation:

Donor Signature

Date signed

FOR HR USE ONLY:

Date Submitted:

Check one:

Donation request has been approved

Donation request has been denied

Notes:

Name of HR

Signature of HR

Date