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 INFORMAT	CION	
Full Name:		
Job Title:		Supervisor:
DONOR INFORMATION	1	
Full Name:		
Job Title:		Supervisor:
My Donation Type:	*May donate one or both ty	pes. Donate hours in one-hour increments.
Sick I	Leave Paid	hours.
Time	Off	hours.
Reason for Donation	<u>:</u>	
Donor Signature		Date signed
FOR HR USE ONLY: Check one:		Date Submitted:
Donation requ	est has been approved	Donation request has been denied
Notes:		
Name of HR	Cimaton of HD	Date

Signature of HR

Date