ShareLeave Monthly Re-Occurring Donation Form

Date:

|  |  |
| --- | --- |
| Last 4 Digits of SSN: | \*\*\*-\*\*- |

Last Name, First Name:

# Monthly Re-Occurring Donation to Employee Pool:

|  |
| --- |
| I wish to donate |
| I wish to donate |
| I wish to donate |
| I wish to donate |

|  |
| --- |
| hours of **Annual Leave** to the ShareLeave - Employee Pool. |
| hours of **Federal Comp** to the ShareLeave - Employee Pool. |
| hours of **State Comp** to the ShareLeave - Employee Pool. |
| hours of **Holiday Comp** to the ShareLeave - Employee Pool. |

# Monthly Re-Occurring Donation to Family Pool:

|  |
| --- |
| I wish to donate |
| I wish to donate |
| I wish to donate |
| I wish to donate |

|  |
| --- |
| hours of **Annual Leave** to the ShareLeave - Family Pool. |
| hours of **Federal Comp** to the ShareLeave - Family Pool. |
| hours of **State Comp** to the ShareLeave - Family Pool. |
| hours of **Holiday Comp** to the ShareLeave - Family Pool. |

# Monthly Re-Occurring Donation to Foster and Adoptive Placement and Care Pool:

|  |
| --- |
| I wish to donate |
| I wish to donate |
| I wish to donate |
| I wish to donate |

|  |
| --- |
| hours of **Annual Leave** to the ShareLeave - Family Pool. |
| hours of **Federal Comp** to the ShareLeave - Family Pool. |
| hours of **State Comp** to the ShareLeave - Family Pool. |
| hours of **Holiday Comp** to the ShareLeave - Family Pool. |

**Cancellation of Monthly Re-Occurring Donation to:**

I wish to cancel my monthly re-occurring donation of:

 [ ] Employee Pool [ ] Annual Leave

 [ ] Family Pool [ ] Federal Comp

 [ ] Foster and Adoptive Placement and Care Pool [ ] State Comp

 [ ] Holiday Comp

NOTE: Monthly re-occurring donations occur on the last day of the month.

|  |
| --- |
| X  |
| Employee's Signature |

|  |
| --- |
| X  |
| Supervisor's Signature |

Please Return Form To:

Missouri Department of Transportation, Financial Services Division - Payroll

Fax #: 573-522-6420