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| **ShareLeave One-Time Donation Form** |
|  | Date |
|  |       |
|  | Last 4 Digits of Social Security Number |
|  | \*\*\* - \*\* -      |
|  | Last Name, First Name |
|  |       |

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| **One-Time Donation to ShareLeave Pool:** |
| I wish to donate |       | hours of **Annual Leave** to the ShareLeave Pool |
| I wish to donate |       | hours of **Federal Comp** to the ShareLeave Pool |
| I wish to donate |       | hours of **State Comp** to the ShareLeave Pool |
| I wish to donate |       | hours of **Holiday Comp** to the ShareLeave Pool |
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| **One-Time Donation to Foster and Adoptive Placement and Care Pool:** |
| I wish to donate |       | hours of **Annual Leave** to the ShareLeave – Foster and Adoptive Placement and Care Pool |
| I wish to donate |       | hours of **Federal Comp** to the ShareLeave – Foster and Adoptive Placement and Care Pool |
| I wish to donate |       | hours of **State Comp** to the ShareLeave – Foster and Adoptive Placement and Care Pool |
| I wish to donate |       | hours of **Holiday Comp** to the ShareLeave – Foster and Adoptive Placement and Care Pool |
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| **Employee Signature** |  | **Supervisor Signature** |