

**DEPARTMENT OF PUBLIC INSTRUCTION
VOLUNTARY SHARED LEAVE DONATION FORM**

DATE: _____

DONOR NAME (please print name): _____

SIGNATURE: _____
(Please read all the information on this form before signing)

DIVISION/SECTION: _____

_____ Please donate _____ hours from my vacation or bonus leave account (specify vacation or bonus) to _____. (*Employee approved for VSL*)

_____ Please donate _____ hours from my sick leave account to _____.
Relationship to the recipient: _____.

If donating to an employee in an agency other than DPI, please list the agency's name _____.

NOTE: The minimum amount of leave that may be donated is four hours. Leave donated can be vacation, sick, or bonus leave by family and non-family members. Non-family member sick donations can not be more than 5 days per year to any one non-family member recipient. The maximum amount of vacation leave that may be donated may not be more than the amount of the donor's annual accrual rate and may not reduce the donor's vacation leave balance below one-half of the annual vacation leave accrual rate. The maximum amount of sick leave that may be donated is 1040 hours, but may not reduce the donor's sick leave balance below 40 hours. Bonus leave may be donated without regard to the above limitations on vacation or sick leave.

ADVISORY: Donating sick leave can adversely affect your retirement benefit.

FOR HUMAN RESOURCES DIVISION USE ONLY

HRD APPROVAL SIGNATURE/DATE : _____

HRD COMMENTS : _____

