

**STATE OF ALABAMA  
PERSONNEL DEPARTMENT  
LEAVE DONATION FORM**

**Beneficiary Employee Information**

**Donating Employee Information**

Employee Name		
Social Security Number (Full SSN)		
Class Code/ Pay Grade	/	/
Department		

Hours Used

Donated Leave Dates: From \_\_\_\_\_ Through \_\_\_\_\_

Sick \_\_\_\_\_  
Annual \_\_\_\_\_  
Comp \_\_\_\_\_

Leave breakdown

**Certification of Donating Employee:**

I do hereby certify that I am making this request to donate leave to the Beneficiary Employee listed above voluntarily and without coercion or other improper means. I further certify that my agency has permission to donate the above listed hours of my leave to the Beneficiary Employee listed above. I understand my leave balance will be reduced by the number of hours used by the Beneficiary Employee.

Donating Employee \_\_\_\_\_ Date \_\_\_\_\_

**Certification of Donating Employer:**

I do hereby certify that the donating employee's information listed above is correct and that this request meets the requirements of Code of Alabama §36-26-35.2.

Donating Appointing Authority \_\_\_\_\_ Date \_\_\_\_\_

**Acceptance by Beneficiary Employer:**

I do hereby certify for the Beneficiary Department listed above that this request meets the guidelines for donating leave provided in Code of Alabama §36-26-35.2 and established procedures. I authorize my agency to add the total hours donated above to the Beneficiary Employee listed.

Beneficiary Appointing Authority \_\_\_\_\_ Date \_\_\_\_\_

**Approved:**

Personnel Director \_\_\_\_\_ Date \_\_\_\_\_