



# Leave Sharing Donor Application

**DONOR: Please Complete This Portion**

Employee Name:

NSU ID: N

Job Title:

Work Location/Department:

I wish to donate \_\_\_\_\_ hours of personal leave to the NSU Leave Bank. By signing this form, I hereby certify that this request is being made voluntarily. I was not coerced, threatened, intimidated or financially induced into donating leave time for the purposes of the Leave Sharing Program.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**DONOR'S ELIGIBILITY VERIFICATION**

Personal leave balance \_\_\_\_\_ hours as of \_\_\_\_\_ (date).

Verified by \_\_\_\_\_ on \_\_\_\_\_ (date).

**DISAPPROVED** Reason for disapproval \_\_\_\_\_

**APPROVED** \_\_\_\_\_  
Authorized Signature Date

**RECORDED IN LEAVE SYSTEM**

\_\_\_\_\_  
Date Entered by

- Included in donor's personnel file
- Copy to donor
- Copy included in Leave Sharing Administration files