

St. Petersburg College Leave Donation Form

I, the undersigned, having met the eligibility requirements for donating leave, requests that sick and/or annual leave is transferred from my leave account(s) to the SPC donated leave bank. As of the date indicated below, I have enough leave in my account to cover this leave donation.

I understand that my decision to donate leave is voluntary and any hours donated are irrevocable.

To Be Completed By Leave Donor

Employee/Donor Name:	Employee ID#:
Department:	Work Telephone Number:

DONATION:	
Type of Leave:	Total Hours of Donation:
<input type="checkbox"/> Sick <input style="width: 40px;" type="text"/> Hours <input type="checkbox"/> Vacation <input style="width: 40px;" type="text"/> Hours	<input style="width: 40px;" type="text"/> Hours (This is the combined sick and vacation hours donated and must be in increments of 1 hour, not to exceed a total of 40 hours)

Employee/Donor Signature:	Date:
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