Leave Sharing Donor Application

DONOR: Please Complete SHADED AREAS ONLY

Employee Name	e S	Social Security Number		Job Title
		North	pastorn Sta	ite University
Work Location/	Department		usiem su	ue Oniversity
DONOR REQUEST				
I wish to donate ho hereby certify that this requintimidated or financially in Program.	est is being made	voluntarily. I was no	t coerced,	threatened,
Signature of Employee				Date
RECORDED IN LEAVE	SYSTEM			
Date(s)	Hours	Ente	red by	Date
(▲ To be included in donor's perso	onnel file; Copy to donor	.)		
(▼ To be included in Leave Sharin	ng Administration files.)			
Leav	e Sharing Don	or Approval/Disa	pproval	
				nas applied to donate
Donor's Name		Social Security Number	•	
hours of personal le	eave to the NSU L	eave Bank.		
DONOR'S ELIGIBILITY	VERIFICATIO	N		
ersonal leave balance		hours as of		(date)
Verified by	on	((late)	
□ DISAPPROVED Reas	son for disapproval			
☐ APPROVED				
		l Signature		Date