

**College of Charleston
Leave Transfer Pool
Leave Donation Request Form**

Name: _____

CWID: _____

Department: _____

I wish to donate the following leave to the College's Leave Pool:

_____ Hours of Annual Leave

_____ Hours of Sick Leave

I am scheduled to work _____ hours per day, _____ days per week, _____ months per year.

1. Employees may donate up to ½ of a year's accrual of sick and/or annual leave.
 2. Any donations to the Leave Pool must be made prior to the established deadline each year.
 3. Donating employee must retain at least 15 days of sick leave after making a sick leave donation.
 4. Donating employee may not designate a recipient.
 5. Print, sign and return the completed form to Human Resources by the deadline.
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Donating Employee Signature

Date

Note: Once leave is transferred to the Leave Pool it may not be returned or restored to the donor.

Human Resources Use Only:

Approved

Not Approved (*reason:* _____)

HR Staff Signature: _____