Leave Donation Request

TO: **Payroll Manager** **Date Request Received by COO: _____**

FROM: _____

DATE: _____

SUBJECT: **Donation of a Leave Day**

Employees who have completed one year of service may donate one day (8 hours) of his/her available leave to an employee who is experiencing a hardship, has utilized all accrued leave and is on extended leave, upon approval by the Chief Operating Officer or designee. The donation request is to be approved by the Chief Operating Officer or designee and sent to the Payroll Department.

In accordance with this policy, I would like to donate one day (8 hours) of my leave time to

_____
Name of Employee Receiving Donated Leave

_____
Employee Signature

_____
Print Name

I am an employee of (circle one): Chimes Maryland Chimes Virginia Chimes DC

Chimes Delaware Chimes International

_____ _____
Chief Operating Officer Signature Date

Do not write below this line

Payroll Use Only:

Donor has reached first anniversary of employment and has available leave: _____ Yes _____ No

Recipient has reached first anniversary of employment, is experiencing a hardship, has utilized all accrued leave and is on extended leave: _____ Yes _____ No

Leave donation request: _____ Approved _____ Declined

Recipient notified: _____
Date

_____ _____
Payroll Date

Form C-1017 7/04; 05/12; 10/13