Caddo Nation
ANNUAL LEAVE DONATION FORM

EMPLOYEE DONATING ANNUAL LEAVE			
PROGRAM/DEPARTMENT			
NUMBER OF HOURS DONATING		PAY PERIOD	
EMPLOYEE RECEIVING ANNUAL LEAVE			

I understand that I can only donate Annual Leave that I have accumulated and my Annual Leave balance will be decreased by the amount of donation stated above.

Donor Signature Date

Supervisor Signature Date

Tribal Administrator Signature Date

PLEASE NOTE: This is an official leave document authorizing the deduction of your accrued Annual Leave. The HR Department will adjust your Annual Leave to reflect your donation.

TO BE COMPLETED BY THE HR DEPARTMENT UPON RECEIPT

DONOR

CURRENT ANNUAL LEAVE BALANCE	
NUMBER OF HOURS DONATED	
BALANCE OF ANNUAL LEAVE	

RECIPIENT

CURRENT ANNUAL LEAVE BALANCE	
NUMBER OF HOURS DONATED	
NEW BALANCE OF ANNUAL LEAVE	

HR Reviewing Official Date