

**OFFICE OF THE ADJUTANT GENERAL**

**EMPLOYEE-TO-EMPLOYEE LEAVE DONATION REQUEST FORM**

Name: \_\_\_\_\_ SCEIS Personnel Number: \_\_\_\_\_

Employing Agency: Office of the Adjutant General

Current Sick Leave Balance: \_\_\_\_\_

Hours to be donated to Sick Leave Transfer Pool: \_\_\_\_\_

Current Annual Leave Balance: \_\_\_\_\_

Hours to be donated to Annual Leave Transfer Pool: \_\_\_\_\_

Employee Designated to Receive Leave: \_\_\_\_\_

I understand that once leave is transferred to the Annual Leave Transfer Pool and/or Sick Leave Transfer Pool, it will not be restored to my annual leave and/or sick leave account.

\_\_\_\_\_  
Signature of Leave Donor

\_\_\_\_\_  
Date