

OFFICE OF THE ADJUTANT GENERAL

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: _____

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