



State Employee Leave Donation Form

Please transfer the following amounts of leave from my accrued leave balance to:

Specific Leave Recipient Name: _____
(Please print)

Hours of Annual Leave to be Donated: _____

Hours of Sick Leave to be Donated: _____

I understand that I may donate no more than one half of the annual or sick leave that I can accrue in one calendar year and that I must retain a balance of 15 days of sick leave in order to donate sick leave. Further, I understand that leave contributions are irrevocable and that once leave is donated, it cannot be returned to the donor.

Donor's Name: _____
(Please print)

Donor's Personnel Number: _____

Donor's Division/Department: _____
(Please print)

Donor's Signature: _____

Date of Donation: _____

Thank you for your donation!

Forward this completed form to the Office of Human Resources,
attention: Erin Curtis, Leave Manager @ erincurtis@scdps.gov

Agency Director or Designee Approval/Date: _____

This portion to be completed by the Office of Human Resources:

Date Received: _____

Date Processed: _____

Reference: FY 2023-2024, Proviso 117.111