



Voluntary Leave Donation Authorization

Donor Information

Name: _____

Department: _____

Job Title: _____

AU ID: _____

Leave Donation

_____ hours (minimum of 7) of annual leave (vacation)

_____ hours (minimum of 7) of sick leave

I wish to donate the indicated number of hours of my annual leave (vacation) and/or sick leave from my account into the central donation pool to be transferred to the recipient(s) whose request was distributed by the Office of Human Resources.

I understand that the maximum amount of annual or sick leave that I may donate in a calendar year is limited to 70 hours.

I understand that the voluntary transfer of my annual leave (vacation) and/or sick leave will occur the first pay period after Human Resources receives and approves this authorization. I affirm that this leave is given freely, without promise of benefit and not under intimidation, coercion or threat of reprisal for failure not to make the donation.

I further understand that once leave is donated it will only be returned if the leave has not yet been processed.

Signature of Donor

Date

Scan and email your signed form to hrpayrollhelp@american.edu, ATTN: Benefits Team.

