

Donation Form

Employee's Name:			
Position Title:			
Grade:		Organization:	
As of _____ (date), my current annual leave balance is _____ hours.			
<i>(Complete this section if donating to specific named employee)</i>			
I am donating _____ hours of annual leave to _____ (recipient).			
I understand that the donated annual leave will be deducted from my total annual leave balance.			
Employee Signature:		Date:	
Financial Management Branch N948 (leave balance verification):		Date:	
NAF Human Resources N941 (approval):		Date:	