



Shared Leave Donation Form

To be completed by Employee Donating Hours

Employee Name: _____ Date: _____

I authorize Mason Transit Authority, under the outlined conditions, to transfer the following leave to the recipient's donated sick leave bank.

Conditions:

- Leave balances must stay above 40 hours of sick leave and 40 hours of vacation leave.
- Hours donated are on an hour-for-hour basis in one-hour increments.
- The hours are donated to a recipient who meets the eligibility requirements.
- To the extent administratively feasible, the unused leave which was transferred by more than one employee shall be returned on a pro rata basis.

Donation to: _____
(Name of Recipient)

Number of Sick Leave Hours Donated: _____

Number of Vacation Leave Hours Donated: _____

Employee Signature

Return Form to Human Resources

Verification of Eligibility
To be Completed by Human Resources

Total Sick Leave as of Today:
Total Sick Leave after Donating Hours:
Total Donated Sick Leave Approved:

Total Vacation Leave as of Today:
Total Vacation Leave after Donating Hours:
Total Donated Vacation Leave Approved:

HR Authorization Signature

Date