



**DONATED LEAVE PROGRAM – DONOR FORM**

**STEP 1**

Donor Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Division/Section: \_\_\_\_\_ Division Phone #: \_\_\_\_\_

I want to donate hours to:

Recipient's Name: \_\_\_\_\_

Recipient's Division/Section: \_\_\_\_\_

Sick Leave hours donated: \_\_\_\_\_

Annual Leave hours donated: \_\_\_\_\_

Sick Leave balance after donation: \_\_\_\_\_

Annual leave Balance after donation: \_\_\_\_\_

*A balance of 160 hours must be left after donation  
Maximum sick leave donation per calendar year is 80 hours*

*A balance of 80 hours must be left after donation  
Maximum annual leave donation per calendar year is 80 hours*

**Applied donated hours will not be refunded.**

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director (or Designee) \_\_\_\_\_ Date: \_\_\_\_\_

**Forward completed forms to Employee Benefit Services by:  
Email: [donatedleave@broward.org](mailto:donatedleave@broward.org) or Fax: 954-728-2777 or Interoffice: GC East, Room 514**

**STEP 2**

**EMPLOYEE BENEFIT SERVICES USE**

Approved

Denied

\_\_\_\_\_  
Human Resources Director (or Designee) Date

**Comments**

\_\_\_\_\_

**STEP 3**

**(DIVISION/PAYROLL USE ONLY)  
TO BE CHARGED AS FOLLOWS:**

Total Sick Approved: \_\_\_\_\_

Total Annual Approved: \_\_\_\_\_

Week Ending	Sick Used	Sick Balance	Annual Used	Annual Balance

*\* Annual Leave used for an illness will be deducted as Annual Leave and paid as Sick Leave*