

**VILLAGE COMMUNITY SERVICES  
PERSONAL LEAVE DONATION**

I, \_\_\_\_\_, do hereby donate \_\_\_\_\_ hours of my personal leave bank to \_\_\_\_\_. I attest that I am eligible to make this donation because I will have at least eighty (80) personal leave bank hours remaining after the donation. I understand that these hours are transferred on an irrevocable basis.

I understand the IRS tax treatment on donated Personal Leave is as follows:

Reason for donation:

Medical emergency	_____	Recipient pays taxes
Presidentially declared disaster	_____	Recipient pays taxes
Other	_____	Donor pays taxes

Effective the date of \_\_\_\_\_ .

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EXECUTIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ACCOUNTING TECHNICIAN

\_\_\_\_\_  
DATE