

# Village Community Services

## Personal Leave Donation

I, \_\_\_\_\_, do hereby donate \_\_\_\_\_ hours of my personal leave to the donated leave bank. I attest that I am eligible to make this donation because I have donated 50% or less of my leave balance, have at least eighty (80) personal leave hours remaining after the donation, and have donated no more than eighty (80) hours this year. I understand that these hours are transferred on an irrevocable basis. I agree to abide by the rules for the donation of leave as outlined in the Personal Leave Donation Policy.

I also understand the IRS tax treatment on this donation is as follows:

Reason for donation:

Medical Emergency

Presidentially declared disaster

\_\_\_\_\_ Recipient pays taxes

\_\_\_\_\_ Recipient pays taxes

I also understand that I cannot claim an expense, tax deduction, or charitable deduction for this donation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accounting Technician

\_\_\_\_\_  
Date