

Village Community Services

Personal Leave Request

I, _____, do hereby request _____ hours of personal leave from the donated leave bank. I attest that I am eligible to make this donation because I have exhausted my personal leave balance and I have suffered a medical emergency or major disaster as defined in the Personal Leave Donation Policy. I agree to abide by the rules for the use of donated leave as outlined in that 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

Employee Signature

Date

Executive/Director

Date

Accounting Technician

Date