# MAHE Leave Bank Donation Form

**Employee Name:** Click or tap here to enter text.

**Employee Banner ID or Username:** Click or tap here to enter text.

**Date of Request:** Click or tap here to enter text.

**Department:** Click or tap here to enter text.

I understand, that upon my voluntary resignation, that I am allowed to donated up to half of my accrued, unused sick time to the MAHE sick leave bank.

I wish to donate the following:

Number of Hours: Click or tap here to enter text.

Effective Date of Donation: Click or tap here to enter text.

This donation will be deducted from the available leave balance and will not be refunded to me.

**Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**For HR Use Only**

**HR Approval Printed Name:** Click or tap here to enter text.

**HR Approval Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_**