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# Non-Bargaining Employee 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 authorize to voluntarily donate Click or tap here to enter text. hours to be deducted from my leave balance and added to the LCC Non-Bargaining leave bank. This donation is effective Click or tap here to enter text.and should be taken from my Click or tap here to enter text.leave to the LCC Non-Bargaining Employee leave bank.

I understand that I am limited to a donation of 40 hours in any fiscal year, and that I must have the hours available for donation.

I understand that once I donate these hours, the hours may 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:**