STATE EMPLOYEE DONATION OF LEAVE

STATE OF NORTH DAKOTA
SFN 19292 (12-2006)

INSTRUCTIONS: The donating employee should complete this form and obtain the agency's approval; then send it to the receiving agency for final approval. After final approval, the receiving agency should send a copy to the donating agency and donating employee.

Name of Donating Employee		Employee ID Number
Agency Name		Business Unit Number
Number of Annual Leave Hours Donated * (SVD)	Number of Sick Leave Hours Donated ** (SSD)	

(Input SVD and SSD into payroll as negative numbers.)

Name of Receiving Employee		Employee ID Number
Agency Name		Business Unit Number
Number of Annual Leave Hours Received (SVR)	Number of Sick Leave Hours Received (SSR)	

Approval Signatures of the Donation of Leave Indicated Above

Donating Employee	Date
Donating Agency	Date
Receiving Agency	Date

Per NDCC 54-06-14.1 and 54-06-14.2:

* Employees must retain a balance of at least 40 hours of annual leave *after* donating.

** Employees can donate no more than 5 percent of their sick leave balance.

If you have questions regarding these calculations, please contact your agency's payroll office.