

DISTRICT OF COLUMBIA GOVERNMENT
D.C. Department of Human Resources

APPLICATION TO DONATE ANNUAL LEAVE TO THE ANNUAL LEAVE BANK
TO BE COMPLETED BY THE EMPLOYEE

1. IDENTIFICATION INFORMATION:

Name: _____
(Last) (First) (Middle)

Employee ID Number: _____

Title/Series/Grade/Step: _____

Department or Agency: _____

2. AMOUNT OF DONATION:

I hereby make application to donate _____ hours of annual leave to the *Annual Leave Bank* administered by the D.C. Department of Human Resources (DCHR) for employees in subordinate agencies. I understand that I will become a member of the *Annual Leave Bank* and, thereafter eligible to be a leave recipient for any leave year in which I donate at least four (4) hours of annual leave to the *Annual Leave Bank*.

Name of individual contribution is intended, if applicable: _____

3. EMPLOYEE SIGNATURE: _____

(Date)

TO BE COMPLETED BY THE EMPLOYING AGENCY

1. Verification of employment information and leave donation:

a. Employment information correct: YES NO

b. Annual leave donation for the leave year does not total more than one-half (1/2) of the amount of annual leave that the employee would be entitled to accrue during the leave year:
 YES NO

c. Annual leave donation is restored leave (may be donated without restriction): YES NO

2. The dollar value of the annual leave donation is: \$ _____ (The dollar value of donated annual leave is determined by multiplying the employee's hourly rate of pay by the number of annual leave hours donated.)

3. Certifying Official (Department/Agency Head or Designee)

Name and Title: _____

Signature: _____

(Date)