

**VOLUNTARY LEAVE POOL
DONATION PROGRAM**

Workers may donate accumulated annual leave to other workers who have an illness or accident or who are on family leave and who have exhausted all of his/her annual leave.

I hereby authorize PACT for West Central Illinois to give the worked listed below the following annual leave amount:

AMOUNT OF LEAVE DONATED _____

NAME OF RECEIVING WORKER _____

Date

Donor's Signature

Please forward to the Executive Director for approval:

_____ Date _____

*****FOR FISCAL USE ONLY*****

Annual Leave Accumulated _____

Annual Leave Donated _____

Annual Leave Remaining _____

_____ Date _____
Fiscal Officer's Signature