Mississippi Forestry Commission

Donor Leave Request

I, _____ Employee SSN _____
Donor Employee

wish to donate _____ hours of my personal leave and or _____ of my major medical leave to

_____ at _____
Recipient Employee Agency

I am aware that I may donate all but seven (7) days of my personal leave and up to 50 percent of my major medical leave to be used for the catastrophic injury or illness of either the recipient employee or his or her immediate family. The catastrophic injury or illness requires the services of a licensed physician for an extended period of time and has forced the recipient employee to exhaust all leave time earned. I understand that all donated leave must be donated in increments of 24 hours and if the recipient employee does not use the total amount of leave that I have donated, it will be returned to me on a pro-rata basis.

_____ _____
Donor Signature Date of Signature
mm/dd/yyyy

Approved By:

_____ _____
Donor Supervisor Signature Date of Signature
mm/dd/yyyy

_____ _____
Recipient Supervisor Signature Date of Signature
mm/dd/yyyy

Please submit completed forms to MFC Payroll Office.