

Horry-Georgetown Technical College

Leave Transfer Program Donation Request Form

Employee Completes This Section:

Employee Name: _____

Position Title: _____

Donation Type: _____ Number of Days / Hours Donated:

Sick Sick _____ / _____

FNWD FNWD _____ / _____

Employee Signature

Date

For HR Leave Use Only:

Leave Balance at Effective Date: _____

Class Code / Slot No.: _____

Approved

Declined

Human Resources

Date

Employee Hourly Rate: \$ _____ # Hours Donated: _____

Hourly Rate x Hours Donated = \$ _____