

# 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 \_\_\_\_\_ / \_\_\_\_\_

Annual Annual \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
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 = \$ \_\_\_\_\_