



New Mexico State Personnel Office

Leave Management

LEAVE DONATION DISCLOSURE

I, _____, an employee of _____,
(Name of Donor Employee) (Agency)

hereby evidence my present intent to voluntarily donate hours of my accrued leave to

_____, an employee of _____,
(Name of Receiving Employee) (Agency)

who has been approved to receive donations of annual leave due to a medical emergency.

My hourly salary rate is \$_____.

I elect to donate:

- _____ hours of annual leave
- _____ hours of sick leave* (see notations below on restrictions)

I understand that the leave will be automatically transferred to the medical emergency account of the employee listed above, and at this time I completely and totally give up my property rights to all accrued leave, which is covered by this request. I understand that, if the medical emergency account of the employee is not exhausted, I will receive back a pro-rated amount to the leave remaining in that account.

Signature

Date

Employee ID #

**Employees who have accumulated more than 600 hours of sick leave can transfer the additional amounts over 600 hours to another employee up to 120 hours per year. These transfers are additionally limited to the pay date immediately following the first full pay period in January and the first full pay period in July, unless the employee is retiring.*