



New Mexico State Personnel Office

Leave Management

LEAVE DONATION REQUEST FORM

Employee's Name:	Employee ID:
Agency	Division
Current Position:	Current Hourly Rate:
I authorize the State Personnel Office to use my name in the solicitation of leave donations on my behalf (please initial) YES _____ NO _____	
Employee Signature	Date of Request
Supervisor Name	Supervisor Signature
Reason for Request:	
<u>FOR LEAVE MANAGEMENT USE ONLY:</u>	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
_____	_____
Authorized Agency Signature	Date