

[YOUR AGENCY'S LETTERHEAD]

## NOTICE OF ELIGIBILITY TO RECEIVE LEAVE DONATIONS

\_\_\_\_\_, an employee of the \_\_\_\_\_,  
(applicant's name) (agency, section, unit)

is eligible to receive voluntary donations of annual leave. \_\_\_\_\_ has  
(applicant's name)

been absent from work since \_\_\_\_\_, and his/her available leave was  
(last day of work)

or will be exhausted on \_\_\_\_\_.'s  
(last day of pay) (applicant's name)

absence is due to  his/her own illness or injury  
 the illness or injury of his/her \_\_\_\_\_  
(relationship)

and he/she is expected to be off work until \_\_\_\_\_.  
(expected date of return)

\_\_\_\_\_ has requested that the following additional information be pub-  
(applicant's name)

lished with this notice.

Any employee wishing to make a voluntary donation of annual leave to \_\_\_\_\_  
(applicant's name)

should complete a Leave Donation Application and submit it to the individual responsible for keeping

leave records in his/her work unit.

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SIGNATURE OF APPOINTING AUTHORITY

DATE