

EMPLOYEE LEAVE DONATION PROGRAM TRANSFER FORM
NEW MEXICO HIGHLANDS UNIVERSITY

Employee's Name (Print)

Social Security Number

Check one: Admin. Faculty Professional Support
 Classified

Number of hours: _____ I want to donate to: _____.

An employee may transfer at least four (4) hours of annual leave but no more than 40 hours of annual leave to the Employee Leave Donation Program per fiscal year. I understand that I must retain a minimum balance of 80 hours in my annual leave account.

I understand that this is a voluntary transfer of my annual leave to the Employee Leave Donation Program.

I authorize the deduction of the hours from my annual leave balance as noted above.

Signature

Date

Upon completion, please submit this form to the Exec. Dir. for Human Resource and Affirmative Action Services for processing.

Exhibit "A"