



DL-2 REQUEST TO MAKE A DIRECT DONATION FORM

DHR-STW-Form #: DHR-STW-402.1-F2

Authority: 29 Del. C. § 5956

Effective Date: September 10, 2024

Revision Date: September 10, 2024

Supersedes: DL-2 Request to Make a Direct Donation 12/2017.

Part 1: Completed by Donor Employee

Donor Name: _____ Employee ID: _____

Department/Agency: _____ Telephone Number: _____

I hereby donate _____ hours of annual leave and/or _____ hours of sick leave.

Note: An employee can donate up to 1/2 yearly accrual of sick leave (57 hours for a 37.5-hour schedule or 60 hours for a 40-hour schedule). If donating more than 1/2 yearly accrual of sick leave, the employee must match with annual leave on a ratio of two (2) hours sick leave per one (1) hour annual leave.

I understand that my annual leave and sick leave balances will be reduced by the number of hours as indicated above. If requested by the donated leave recipient, [] you may [] may not release my name and donation information to the recipient. [] You may [] may not contact me if additional hours are needed.

Recipient Name: _____ Recipient Agency: _____

Donor Signature: _____ Date: _____

Upon completion, forward to your Supervisor or Division Director.

Part 2: To be completed by Donor Employee's Supervisor or Division Director

I hereby [] approve [] disapprove the donation of leave for the named employee in Part 1.

Supervisor/Division Director or Designee Name: _____ Date: _____

Supervisor/Division Director or Designee Signature: _____ Date: _____

Upon completion, forward to the Donor employee's agency HR office.

Part 3: Acknowledgement by Donor Employee's Agency HR Office

Donor's Name: _____ Donor Hourly Pay Rate/Effective Date: _____

Agency HR Name: _____ Phone Number: _____

Agency HR Signature: _____ Date: _____

Donor's Agency Address/SLC: _____

The donor has sufficient annual and/or sick leave hours to cover the donation indicated in Part 1.

Upon completion, forward to the recipient's Human Resources Office. Send a copy to Timekeepers if applicable.

Part 4: Completed by Recipient Employee's Agency HR Office

Check one of the boxes for the action taken on the leave donation covered by this form and complete the information requested to include the appropriate signature.

I have attached a copy of the Donated Leave Calculation Worksheet for _____ for the pay period(s) ending _____ which has been approved by the recipient's agency.

The Donor's sick leave and/or annual leave should be charged for the following:

- Sick Leave Hours _____ Annual Leave Hours _____ Pay Period _____
- Sick Leave Hours _____ Annual Leave Hours _____ Pay Period _____
- Sick Leave Hours _____ Annual Leave Hours _____ Pay Period _____

The above information is correct, and the recipient has applied and been approved for the receipt of donated leave.

The recipient has excess leave donations. The donor's leave donation is not needed at this time, please restore the donor's sick and/or annual leave.

Agency HR Name: _____ Phone Number: _____

Agency HR Signature _____ Date: _____

Part 5: Certification by Donor Employee Agency HR Office

I hereby certify that the donor's sick leave balance and/or annual leave balance have/has been reduced by the following: Sick leave (hours): _____ Annual leave (hours): _____

Agency HR Name: _____ Phone Number: _____

Agency HR Signature: _____ Date: _____

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

A copy of this completed Agreement must be sent to the recipient's Agency Human Resources Office.