

**DL-3 APPLICATION TO MAKE A DONATION TO THE DONATED LEAVE BANK FORM**

**DHR-STW-Form #: DHR-STW-402.1-F3**

**Authority: 29 Del. C. § 5956**

**Effective Date: September 10, 2024**

**Revision Date: September 10, 2024**

**Supersedes: DL-3 Request to Make A Direct Donation 12/20/2017.**

**Part 1: Completed by Donor Employee**

Donor's Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I hereby donate \_\_\_\_\_ hours of annual leave and/or \_\_\_\_\_ hours of sick leave to the Donated Leave Bank.

**Note:** An employee can donate up to ½ 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 ½ 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 my annual leave and/or sick leave balances will be reduced by the amount of donation I have indicated above.

**Upon completion, forward to your Supervisor or Division Director.**

**Part 2: Completed by Donor Employee's Supervisor or Division Director**

I hereby  approve  disapprove the donation of leave of the above-named employee.

Supervisor/Director Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

**Upon completion, forward to employee's agency HR/payroll office.**

**Part 3: Completed by Donor Employee's Agency HR Office**

I hereby certify the following:

Donor's Name: \_\_\_\_\_

Donor Hourly Pay Rate: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Sick Leave (hours): \_\_\_\_\_ Annual Leave (hours): \_\_\_\_\_

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

Agency HR Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completion of this form, forward to:** DHR/Division of Talent Management, Employee Engagement section at [Employee-Engagement@delaware.gov](mailto:Employee-Engagement@delaware.gov).

**Part 4: Completed by DHR Secretary/Designee**

Donors Name: \_\_\_\_\_ Total Hours Donated: \_\_\_\_\_

Donor's Hourly Rate of Pay: \_\_\_\_\_ \$ Value of Donor's Donated Hours: \_\_\_\_\_

I hereby affirm that the submitted information is true and correct to the best of my ability and will make certain that this donation be credited to the Donated Leave Bank.

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 Agency Human Resources Office.**