
Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone 618.650.2190 | Fax 618.650.2696

REQUEST INFORMATION

Date of Request: _____ Employee Name: _____

Employee 800# _____

Department: _____

Number of paid leave donation days requested: _____

The maximum number of days that may be granted are 20 or 1/3 of available leave bank, whichever is less. Please review [Policy 2E3](#) and additional eligibility requirements.

Reason for paid leave donation request:

(You may attach additional documentation if more space is needed)

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Signature of Vice Chancellor: _____ Date: _____
(or Chancellor when applicable)

Human Resources Signature: _____ Approved Denied