

Native Village of Eyak  
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10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

## Leave Donation Form

Employee: \_\_\_\_\_

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

Employee Requesting to Donate Hours To: \_\_\_\_\_

NVE Policy States that leave may only be donated if the employee is out for a serious health condition, or the employee is out to care for an immediate family member with a serious health condition.

Please list qualifying leave donation reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

NVE Policy states that the donating employee may not reduce their leave balance below 80 hours.

Donating employee current leave balance: \_\_\_\_\_

Amount of leave requesting to donate: \_\_\_\_\_

Remaining hours of leave after donation: \_\_\_\_\_

I, \_\_\_\_\_, authorize NVE to reduce my accrued annual leave balance in accordance with what is listed on this form. I understand that my donation (donors hours multiplied by donors pay rate) will be converted to the receiving employees hours by dividing the value of the donation by the receiving employee's pay rate.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Approval Information:

Leave Donation Approved

Leave Donation Denied

Hours from donating employee: \_\_\_\_\_

Value of hours from donating employee: \_\_\_\_\_

Value converted to hours of recipient: \_\_\_\_\_

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date