1405 PROGRESS PKWY, VIRGINIA, MN 55792 | 218.749.5437 | FAX: 218.741.8522 | WWW.RRPS.ORG

AFSCME Local Union #3
Donation Leave Form

July 1, 2025 – June 30, 2027
Article 9, Section A, Subd. 5:

> Employees shall be able to donate accrued vacation and sick leave to an employee who has exhausted their sick leave and has an immediate need due to a medical leave of absence, bereavement, or in case of other emergency. An employee may donate up to forty (40) hours of accrued vacation or sick leave each year to the sick leave account of another school employee.

Date of Request: _____

Name of Donor Employee: _____

Number of hours to donate: _____

Type of leave: ☐ Vacation ☐ Sick Leave
(circle one)

Receiving Employee: _____

Signature of Donor Employee: _____ Date: _____

Return completed form to Business Office for processing.

For Business Office use only

Date hours adjusted (donor & receiving applicant): _____ Total number of hours adjusted: ____

Remaining hours (if applicable): _____ Date remaining hours adjusted (if applicable): _____