



DELTA COMMUNITY ACTION FOUNDATION, INC.

308 SW 2nd Street
Lindsay, OK 73052
Tel: (405) 756-1100 Fax: (405) 756-1104

*Karen Nichols
Executive Director*

**DELTA COMMUNITY ACTION FOUNDATION, INC.
LEAVE DONATION FORM**

I, _____ voluntarily donate _____ of my accrued annual
Employee Name # of hours

Leave to _____, for pay period _____
Employee Name

I understand by doing so, said annual leave donated will no longer be available to me.

Employee Signature

Supervisor Signature

Executive Director Signature

FOR OFFICE USE ONLY:

Program from which leave is donated: _____

1 copy to be placed in file of employee donating leave

1 copy to be placed in file of employee donated leave

Date placed in Personnel files: _____