

**GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION**

**INSTRUCTIONS FOR COMPLETING THE ATTACHED FORM
ANNUAL LEAVE DONATION REQUEST FOR
PERSONAL REASONS**

1. Enter the employee names, the **Recipient** first and then the **Donor**.
2. Enter the social security numbers for both employees.
3. Enter the classifications of the employees and the associated pay grade for each.
4. Enter each employee's Agency and Division.
5. Enter the dates for which the donated leave is to be used.
Note: These dates must not be for a prior period of time as the request must be approved before leave can be taken. Also, enter the total hours to be used during this period of time (hours of leave donated).
6. Explain the appropriate personal reason (reasons authorized by leave sharing procedures) for which this leave will be used. The recipient employee must sign and date the form.
7. The donating employee must certify this request by signing and dating the form.
8. To receive leave, the requesting employee (recipient) must obtain certification from his/her agency payroll supervisor and the approval of the appointing authority indicating the request meets all guidelines and is approved for acceptance of the donated leave.
9. To donate leave, the donor employee must obtain certification from his/her payroll supervisor indicating the donor has accrued the amount of leave to be donated, in addition to the required one pay period leave, which must remain in the donor's leave account.
10. Final approval for donated leave requests for personal reasons (other than medical emergency) is the Director of Administration. Upon approval/disapproval of the request, a copy will be forwarded to the payroll supervisors of the recipient and donor, and the appointing authorities of both employees.
11. The recipient shall attach some form of proof, e.g. notarized affidavit or other certification to prove validity of request for a minimum period of five (5) consecutive work days.
12. Attach a copy of the approved Request for Leave (Form FCN 2-0-1).

**GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION**

**ANNUAL LEAVE DONATION REQUEST FOR
PERSONAL REASONS**

	LEAVE RECIPIENT	LEAVE DONOR
1. EMPLOYEE NAME		
2. SOCIAL SECURITY NO.		
3. CLASS TITLE, PAY GRADE/STEP		
4. AGENCY/DIVISION		

5. DONATED LEAVE PERIOD: FROM - TO: _____ TOTAL HOURS: _____

6. AUTHORIZED PERSONAL REASON(S): _____

I hereby certify that I have secured permission from my agency to use donated annual leave pursuant to the leave sharing procedures. This request is due to the above referenced personal reason(s) and will be used during the dates listed above in order to continue my compensation because my leave will have exhausted prior to this request.

Leave Recipient: _____ Date _____

7. CERTIFICATION FROM LEAVE RECIPIENT'S PAYROLL SUPERVISOR

A. I certify that the employee requesting for donated leave has accrued the following hours to his/her leave account.

<input type="checkbox"/>	ANNUAL LEAVE	Balance: _____	PPE: _____
<input type="checkbox"/>	COMPENSATORY TIME	Balance: _____	PPE: _____

Payroll Supervisor: _____ Date _____

B. I hereby certify for the Recipient Agency listed above that this request meets the guidelines for donating annual leave pursuant to the leave sharing procedures.

Recipient's Appointing Authority: _____ Date _____

8. CERTIFICATION OF LEAVE DONOR

A. I hereby certify that I am voluntarily donating the leave hours on item 5 above and request that my Payroll Supervisor transfer the above listed hours of my annual leave to the Leave Recipient listed above. I understand that a minimum of one pay period of balance will be retained in my leave account for my personal use.

Leave Donor: _____ Date _____

B. I hereby certify that the donor has accrued the amount of leave to be donated in addition to the required one pay period leave which must remain in the donor's leave account.

ANNUAL LEAVE	Balance: _____	PPE: _____
--------------	----------------	------------

Payroll Supervisor: _____ Date _____

9. APPROVED DISAPPROVED

Director of Administration _____ Date _____



AFFIDAVIT

THIS IS TO CERTIFY THAT, FOR THE PURPOSE OF RECEIVING DONATED LEAVE FOR A PERSONAL REASON, I AM INVOLVED IN ONE OF THE APPROVED REASONS FOR DONATED LEAVE LISTED BELOW: (Check One)

1. Adopting a child or placing a child up for adoption.

2. Undergoing divorce or separation proceedings.

3. Death of a family member:

Name of Deceased: _____

Relationship to Employee: _____

Date of Death: _____

4. Undergo Cosmetic and/or voluntary surgery.

5. Temporary care of child or children until permanent child care arrangements can be made.

6. Take care of legal commitments.

7. Return to school, take additional training and other educational programs.

8. Temporary care of an elderly or physically/mentally disabled member of the family.

Name of Family Member: _____

Relationship to Employee: _____

Date of Birth: _____

9. OTHER: (Specify) _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT.

SIGNATURE OF EMPLOYEE

DATE

TERRITORY OF GUAM)

CITY OF AGANA)

)
ss
)

ON THIS _____ day of _____, before me, a Notary Public in and for the Territory of Guam, personally appeared _____, and he/she acknowledged to me that he/she executed the foregoing instrument, as his/her voluntary act and deed for the purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

NOTARY PUBLIC

< S E A L >

My Commission Expires: _____