

GOVERNMENT OF GUAM
GUAM MEMORIAL HOSPITAL AUTHORITY
ANNUAL LEAVE DONATION REQUEST FOR PERSONAL REASONS

	LEAVE RECIPIENT	LEAVE DONOR
1. EMPLOYEE NAME		
2. SOCIAL SECURITY NO.		
3. CLASS TITLE & PAYGRADE		
4. HOURLY RATE/SALARY		
5. AGENCY/DIVISION		

6. Donated Leave Period: FROM-TO: _____ Total Hours: _____ AL

7. 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 own accrued leave will be exhausted first before receiving the donated leave.

Certification of Leave: _____ Date: _____

Recipient's Signature

Department Supervisor Signature: _____ Date: _____

8. CERTIFICATION FROM LEAVE RECIPIENT'S CHIEF PAYROLL OFFICER

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: _____
<input type="checkbox"/> SICK LEAVE	Balance: _____	PPE: _____
<input type="checkbox"/> Other: _____	Balance: _____	PPE: _____

Chief Payroll Officer/Authorized Designee: _____ 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. I authorize my agency to add the total hours donated above to the Recipient Employee listed.

Recipient's Appointing Authority: _____ Date: _____

Lillian Q. Perez-Posadas, MN, RN Hospital Administrator/CEO

9. CERTIFICATION OF LEAVE DONOR

A. I hereby certify that I am voluntarily donating leave hours on item 6 above and request that my Chief Payroll Officer transfer the above listed hours of my annual leave to the Leave Recipient listed above.

Leave Donor's Signature: _____ Date: _____

B. I hereby certify that the Donor has accrued the amount of leave to be donated.

<input type="checkbox"/> ANNUAL LEAVE	Balance: _____	PPE: _____
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Chief Payroll Officer/Authorized Designee: _____ Date: _____

10. ☐ APPROVED ☐ DISAPPROVED

Director of Administration: _____ Date: _____

(Please Print Name, Title & Signature)

DOA HRD EMR (Initial/Date): _____

LVSH-PR: Jan 2012



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. (Child's Name & Age)
- ☐ 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 AND THAT NO COMPENSATION, FAVORS, OR ITEMS OF VALUE WERE GIVEN IN EXCHANGE FOR THE USE OF DONATED LEAVE.

EMPLOYEE'S SIGNATURE DATE

GUAM)
) ss
CITY OF AGANA)

On this _____ day of _____, before me, a Notary Public in and for 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.

< S E A L >

NOTARY PUBLIC
My Commission Expires: