

Government of Guam
Department of Administration

**INSTRUCTIONS FOR COMPLETING 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 Class Title (position titles) of the employees and the associated Pay Grade/Step for each.
4. Enter each employee's Hourly Rate and Salary.
5. Enter each employee's Agency/Department and Division.
6. Enter the dates (From – To) for which the donated leave hours are 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).

7. 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.
8. To receive leave, the requesting employee (Recipient) must obtain certification from his/her agency/department Chief Payroll Officer/Authorized Designee, total donated leave sharing approved and paid to date and the approval of the Appointing Authority indicating the request meets all guidelines and is approved for acceptance of the donated leave hours.
9. The donating employee (Donor) must certify this request by signing and dating the form.

To donate annual leave hours, the Donor employee must obtain certification from his/her Chief Payroll Officer/Authorized Designee indicating the Donor has accrued the amount of annual leave hours to be donated.

10. Final approval for donated leave requests for personal reasons (other than medical emergency reasons) is the Director of Administration. Upon approval/disapproval of the request, the original and copy will be forwarded to the respective Recipient and Donor's Chief Payroll Officer/Authorized Designee, and the respective Appointing Authorities/Timekeepers 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 workdays.
12. Attach a copy of the approved Request for Leave (Form FCN 2-0-1 – Government of Guam Leave Form).

NOTE: Absence must be for a minimum of five (5) consecutive workdays for personal reasons.

**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 & 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

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: _____
(Please Print Name, Title & Signature)

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.

GUAM)
)
 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: