INTER-AGENCY DONATION FORM

PART I – Notification of inter-agency leave donation.

FROM:

1. Agency: 
2. Section: 
3. Unit: 

4. FIMS Account Number (for Donor): 
5. Total Dollar Amount of Leave Donation: 

6. Contact Person: 
7. Phone: 

TO:

8. Agency: 
9. Section: 
10. Unit: 

11. Name of Recipient: 

PART II – Request for reimbursement.

In accordance with the information provided above, the specified dollar amount of leave donation was paid to the designated recipient on _____________________________. Please provide reimbursement as follows:

2. Amount: 
   a. Personal Services: ____________ 
   b. FICA: ____________ 

3. FIMS Account Information: 
   a. Personal Services: ____________ 
   b. FICA: ____________ 
   FIMS Transaction Number: 
   a. Personal Services: ____________ 
   b. FICA: ____________ 

4. Contact Person: 
5. Phone: 

PART III – Notification of Return of Unused Annual Leave Donation.

1. $___________ of this leave donation will not be used. Please recredit the appropriate amount of annual leave hours to the donor's annual leave balance.

2. Contact Person: 
3. Phone: 

7/2/98