

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.

<p>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:</p> <p style="text-align: center;">1. (date)</p> <p>2. Amount: a. Personal Services: _____ b. FICA: _____</p> <p>3. FIMS Account Information: a. Personal Services: _____ b. FICA: _____</p> <p style="padding-left: 40px;">FIMS Transaction Number: a. Personal Services: _____ b. FICA: _____</p>	
4. Contact Person:	5. Phone:

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

<p>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.</p>	
2. Contact Person:	3. Phone: