



**MIAMI-DADE COUNTY  
HUMAN RESOURCES DEPARTMENT  
LEAVE POOL DONATIONS FORM**

Employee eligible for leave donation:

Employee ID		Last Name		First Name	
Dept-Div-Loc	Occupation Code	Title			

Employees donating leave:

	Name	Employee ID	Number of Hours	Leave Type
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				

Comments

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	Signature	Print Name	Date
Departmental Personnel Representative			

\*Please forward to Payroll Information Management.