

**STATE OF ALABAMA
PERSONNEL DEPARTMENT
REQUEST FOR DONATED LEAVE**

Instructions for Form 25A

The employee willing to donate leave initiates a Form 25A and enters the following information:

Beneficiary name.

Donating Employee Information section:

- Employee Name – complete name as it appears in GHRS
- SSAN – full Social Security Number must be given
- Department – name (not number) of the employee’s agency
- Division – name or number designation of the employee’s division if applicable
- Class Code – the 5 digit class code (do not enter the title)
- Pay Range – pay grade assigned to the class

Number and type of hours: Enter, in the appropriate space, the number of hours (whole hours only) you are willing to donate.

Catastrophic Illness/Injury: The employee willing to donate may write what he/she understands is the reason for the donated leave. This will be compared to information on the Form 25.

Certification of Donating Employee: The employee willing to donate leave must read, sign, and date the certification.

Certification of Donating Employer: The Appointing Authority of the employee willing to donate leave must read, sign, and date the certification.

The employee willing to donate, or the personnel designee, then sends the form to the personnel manager of the Beneficiary Employee.

The personnel manager, or designee, of the beneficiary employee should enter the following information and follow these instructions on receipt of a Form 25A:

Beneficiary Employee Information section.

- SSAN – full Social Security Number must be given
- Department – name (not number) of the employee’s agency
- Division – name or number designation of the employee’s division if applicable
- Class Code – the 5 digit class code (do not enter the title)
- Pay Range – pay grade assigned to the class

Check for completeness and accuracy of the information entered by the employee willing to donate. (You may correct errors or return to donator for correction/clarification)

From and Through Dates: enter the dates of the specific absence this leave will cover.

Catastrophic Illness/Injury: Enter the catastrophic illness/injury if the employee willing to donate did not do so. This must match information “Donated Leave Approved For” on Form 25. If completed by the employee willing to donate, it must be for the reason approved on the Form 25. Otherwise, the discrepancy must be resolved with the donating agency/employee.

Acceptance by Beneficiary Employer: The Beneficiary Appointing Authority must read, sign, and date the certification.

Send the completed form to Doug Lunsford in State Personnel after the leave has been used or not more than two weeks before said leave will be used.

Approved Personnel Director/Date: If approved, the form will be signed, dated and a copy sent to both the beneficiary and donating employee personnel managers.

Beneficiary Employer: When you receive a copy of an approved Form 25A (Request to Donate Leave), have your payroll clerk add the leave to the beneficiary’s sick leave total. These hours are then available to be used to cover the dates indicated on the form.

Donating Employer: When you receive a copy of an approved Form 25A (Request to Donate Leave), have your payroll clerk subtract the amount used from the donating employee’s specified total (sick, annual, or comp).