



GDOT Publications Policies & Procedures

Form Word: 2230-11D - Donated Leave Acknowledgement

Section: Leave and Holidays

Office/Department: Human Resources

Reports To: DD Admin/General Counsel

Contact: 404-631-1000

See [below](#)

GEORGIA D.O.T. DONATED LEAVE ACKNOWLEDGEMENT

Name: _____ Employee ID _____

I understand and agree to the following terms and conditions:

I must have used all accrued and forfeited leave and all available compensatory time and must have been on authorized leave without pay for forty (40) consecutive hours before being eligible to use Donated Leave.

I may NOT receive donations from employees of other state agencies.

I may use donations only for purposes which qualify for use as Sick Leave.

I may use only as many hours as have been donated by my fellow employees. (See [Donated Leave Policy](#) for maximums.)

While using Donated Leave, I will accrue Annual and Sick Leave. This newly accrued leave will be used prior to continuing to use Donated Leave.

Upon returning to duty, I may retain no more than forty (40) hours of unused Donated Leave that will be credited to my Sick Leave balance. Any Donated Leave in excess of forty (40) hours will be eliminated.

DOT Employee's Signature
(Or Signature of Employee's Designee)

Date

References:

None.

History:

revised: 11/19/20;

copied to GDOT Publications v.02.00.00: 03/20/12

Reviewed: 11/20/2019