

## Appendix 6

### Donation of Vacation Leave/Time-off-in-lieu on a Person to Person Basis

*(If donation is not within the same Ministry, this request requires mutual consent of the respective HR Departments)*

*(Please fill in either Part 1A or Part 1B as applicable)*

#### Part 1A

##### Employee donating hours (Donor)

Name	_____	Surname	_____
ID No	_____		
Ministry	_____	Department/Entity	_____
Grade	_____	Salary Scale	_____

#### Part 1B

##### Employees donating hours collectively (Donors)

*(Please attach list of employees and number of hours donated by each)*

Ministry	_____	Department/Entity	_____
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#### Part 2

##### Employee receiving donated hours (Recipient)

Name	_____	Surname	_____
ID No	_____		
Ministry	_____	Department/Entity	_____
Grade	_____	Salary Scale	_____

**Documentary evidence provided**

Yes

No

<b>Number of hours donated</b>	VL	_____
	TOIL	_____

**Part 3**

**Director Corporate Services/Head of Organisation of Donor**

I, hereby, approve the donation of hours on a person to person basis and certify that the amount of donated hours has been noted and deducted from the donor's / donors' vacation leave/TOIL entitlement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Official Stamp**

**Part 4**

**Director Corporate Services/Head of Organisation of Recipient**

I, hereby, approve the donation of hours on a person to person basis and certify that the amount of donated hours has been noted and added to the recipient's vacation leave/TOIL entitlement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Official Stamp**