

**COLORADO DEPARTMENT OF TRANSPORTATION  
ANNUAL LEAVE CONTRIBUTION RECORD**

**Military**

**Medical**

Name (last, first)		Social Security #	
Job Title	Division/District/Branch		Work Phone
<input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time?	Number of hours donated		Donated to: <input type="checkbox"/> Bank <input type="checkbox"/> Direct donation
If direct donation, name of person who will be recipient:			Social Security #
I understand that my contribution is voluntary and that my annual leave balance will be at least 40 hours after the contribution.			
Signature			Date

The above named employee's annual leave balance has been reduced by _____ hours of annual leave.	
Personnel Branch	Date