PRINT

FREDONIA
STATE UNIVERSITY OF NEW YORK

LEAVE DONATION FORM TO *INDIVIDUAL*

DONOR INFORMATION

Name: _____

Campus Title: _____

Negotiating Unit: 2 _ Last four digits of Social Security Number: _____

Work Phone Number: _____

Work Unit/Location: _____

Number of **vacation** days donated: ☐

I request that any days I have donated per this Leave Donation Form, which are not used by the recipient be (check one):

☐ Returned to my vacation balance

OR

☐ Donated to the Fredonia Sick Leave Bank

AUTHORIZATION

I hereby authorize the Payroll Office to deduct from my **vacation** balance the number of days indicated above to be used as sick leave by the recipient. I certify that the days donated are not days I would otherwise forfeit and that this donation does not cause me to drop below a balance of 10 (ten) days of vacation as of the date this donation is submitted.

_____ _____

Date Signature of donor

Return form to:

Payroll Services, Maytum Hall 303

Payroll Services – For Office Use Only

☐ Approved Date deducted from vacation accrual balance _____

☐ Disapproved _____ Recipient _____