FREDONIA
STATE UNIVERSITY OF NEW YORK

LEAVE DONATION FORM TO *SICK LEAVE BANK*

DONOR INFORMATION

Name: _____

Campus Title: _____

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

Work Phone Number: _____

Work Unit/Location: _____

Number of **vacation** days donated: [   ]

AUTHORIZATION

I hereby authorize the Payroll Office to deduct from my **vacation** balance the number of days indicated above to be added to the Fredonia Sick Leave Bank.

_____   _____
Date   Signature of donor

Return form to:
   Payroll Services, Maytum Hall 303

Payroll Services – For Office Use Only

Date deducted from vacation accrual balance   _____