

**LEAVE DONATION FORM TO INDIVIDUAL**

**DONOR INFORMATION**

Name:

Campus Title:

Negotiating Unit: Last 4 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