

State University of New York  
College of Technology at Canton

Office of Human Resources

Confidential Record

Leave Donation Form

\_\_\_\_\_  
Name of Donor Employee

\_\_\_\_\_  
Name of Recipient Employee

\_\_\_\_\_  
Title of Donor Employee

\_\_\_\_\_  
Donor Employee's Work Unit/Phone

\_\_\_\_\_  
Number of Vacation Days Donated

I hereby authorize the Office of Human Resources to deduct from my vacation balance the number of days indicated above to be used as sick leave by the recipient named above. 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 zero balance or ten days of vacation as of the date this donation is submitted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature