

State University of New York College of Technology at Canton
34 Cornell Drive Canton, NY 13617
Phone: (315)386-7325
Fax: (315)386-7064
Email: hr@canton.edu
Office of Human Resources
Confidential Record

LEAVE DONATION FORM

INFORMATION ABOUT DONOR

Name: _____ Title: _____ Salary Grade: _____ Negotiating Unit: _____
Work Ph. #: _____ Agency: _____ Work Location: _____ Item #/Line #: _____

INFORMATION ABOUT RECIPIENT

Name: _____ Title: _____ Salary Grade: _____ Negotiating Unit: _____
Agency: _____ Work Location: _____

DONATION INFORMATION

Number of Vacation Days Donated: _____

Authorization

I hereby authorize the Personnel/Payroll Office 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 balance of ten days of vacation as of the date this donation is submitted.

Date: _____ Signature of Donor: _____

Certification by Agency Personnel/Payroll Office

I certify that the donor is eligible to donate, and that the above number of vacation days donated has been subtracted from the donor's vacation balance.

Name: _____ Signature: _____

Date: _____ Title: _____ Phone #: _____

Mail, fax, or email this form to human resource office of recipient and retain a copy for donor's agency files.