

**INSTRUCTIONS FOR COMPLETING THE LEAVE DONATION FORM**

1. Please PRINT PAGE TWO and complete by hand or type.
2. You must have a minimum of 10 days of annual leave (vacation time) available after making the donation. In other words, your annual leave balance must not fall below 10 days.   
     
   *You cannot use your Sick Leave as a donatio*n.
3. For payroll purposes, an original signature is required.***Please DO NOT FAX OR EMAIL THE FORM.***

If you have questions, please email [benefits@newpaltz.edu](mailto:benefits@newpaltz.edu) or call Human Resources at 845/257-3171.

*Thank you very much for your cooperation.*

**LEAVE DONATION FORM**

**Donor Information *(Information about Person Donating Leave Time)***

|  |  |
| --- | --- |
| **Name** | **Title** |
|  |  |
| **Negotiating Unit** | **NYS ID #**  (\*Found on pay stub – *not* Banner #)  **N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| **Work Location (Department)** | **Work Phone Number** |
|  |  |
| **Agency** |  |

**Recipient Information *(Information about Person to Receive Donation)***

|  |  |
| --- | --- |
| **Name** | **Agency** |
|  |  |
| **Work Location (Department)** |  |

**Donation Information**

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

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 (10) days of vacation as of the date this donation is submitted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Donor Date