Geneseo

LEAVE DONATION FORM
CONFIDENTIAL RECORD

DONOR INFORMATION

Name _____

Title _____

Work Phone # _____

Work Unit / Location _____

RECIPIENT INFORMATION

Name _____

Work Unit / Location _____

DONATION INFORMATION

Number of vacation days donated [ ]

Authorization:

I hereby authorize the Human Resources 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 I will have a minimum vacation balance of at least ten days after making the donation.

Donor Signature _____ Date _____