

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