



SUNY College of Technology at Delhi

CONFIDENTIAL RECORD

LEAVE DONATION FORM

Name of Recipient Employee

Name of Employee Donating Leave

Title of Donor Employee

Number of Vacation Days Donated

Donor Employee's Work Location/Phone

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 this donation does not cause me to drop below a balance of ten days of vacation as of the date this donation is submitted.

Signature/Date

Completed forms should be returned to the Human Resources Office, Bush Hall, Room 103.