

# CENTRAL STATE UNIVERSITY

## LEAVE DONATION PROGRAM—DONOR APPLICATION FORM

FOR PAYROLL PERIOD ENDING \_\_\_\_\_.

### I. DONOR INFORMATION

\_\_\_\_\_  
(LAST) (FIRST) (M.I.) (SOCIAL SECURITY NUMBER)

DEPARTMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF LEAVE DONATED:

**ANNUAL LEAVE** [ ] **# HOURS DONATED** \_\_\_\_\_

Note: The minimal amount of leave donation allowable is – eight (8) hours; the maximum allowable leave donation is – forty (40) hours. The employee donating the leave must have a balance of at least eighty (80) hours remaining in his/her annual and/or sick leave banks, after the donation. Accrued and unused paid leave donated by any one employee may not exceed 160 hours.

### II. PERSON TO RECEIVE LEAVE

\_\_\_\_\_  
(LAST) (FIRST) (M.I.) (SOCIAL SECURITY NUMBER)

DEPARTMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

1. Use of donated leave is limited to the average number of hours in the employee's weekly scheduled tour of duty.
2. Donated leave **may not** be used to supplement state-paid benefit program(s) (i.e. Disability Leave, Adoption/ Childbirth Leave and/or Worker's Compensation).

(over)

### III. CERTIFICATION

I hereby certify that this request is made voluntarily. I was not coerced, intimidated or financially induced into donating leave. By signing I hereby relinquish all rights to the leave shown above and the benefits accruing to or attached to the same. I certify that I will have a remaining balance of 80 hours or more of combined leave (sick, vacation, personal and compensatory) after making this donation. I also understand that my identity as a donor is to be kept confidential and I will also honor that confidentiality.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Donating Employee

CHECK ONE:

FACULTY

MONTHLY/EXEMPT STAFF

BI-WEEKLY/NON EXEMPT STAFF

Regular Full-Time  
 Regular Part-Time

Regular Full-Time  
 Regular Part-Time

### IV. VALIDATION – TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

Annual Leave Balance Before Donation \_\_\_\_\_Hrs.      Number of Hours Donated \_\_\_\_\_Hrs.      New Annual Leave Balance \_\_\_\_\_Hrs.

HUMAN RESOURCES COORD/REVIEW: \_\_\_\_\_  
SIGNATURE DATE

EXECUTIVE VP & CFO: \_\_\_\_\_  
SIGNATURE DATE

APPROVED:      Yes       No