



**LEAVE DONATION FORM
DONOR INFORMATION**

See: http://www.brockport.edu/hr/payroll/leave_donation.html for general guidelines applicable to employees in all negotiating units.

Information About Donor

Name	Title	Salary Grade	
Negotiating Unit	Agency Code 28150	Last 4 of SSN	Work Phone Number
Work Unit/Location			

RECIPIENT INFORMATION

Information About Person to Receive Donation

Name	Work Unit/Location
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DONATION INFORMATION

Number of Vacation Days Donated

Authorization

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 the balance of ten days of vacation as of the date this donation is submitted.

Date	Signature of Donor
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