

# 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: _____			
SUPERVISORS SIGNATURE: _____			DATE: _____
TYPE OF LEAVE DONATED: _____			
<b>ANNUAL VACATION LEAVE</b>		<b># HOURS DONATED</b> _____	

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 leave bank, 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 Workers' Compensation.)

**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 (sick, vacation, personal, compensatory) leave 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: \_\_\_\_\_  
Donating Employee

DATE: \_\_\_\_\_

CHECK ONE:

FACULTY     MONTHLY / EXEMPT STAFF     BI-WEEKLY / NON EXEMPT STAFF

Regular Full-Time

Regular Full-Time

Regular Part-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 REVIEW: \_\_\_\_\_  
(Signature) (Date)

VICE PRESIDENT  
ADMINISTRATION AND FINANCE & CFO: \_\_\_\_\_  
(Signature) (Date)

APPROVED:                      Yes                       No