

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:

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> FACULTY | <input type="checkbox"/> MONTHLY/EXEMPT STAFF | <input type="checkbox"/> BI-WEEKLY/NON EXEMPT STAFF |
| | <input type="checkbox"/> Regular Full-Time | <input type="checkbox"/> Regular Full-Time |
| | <input type="checkbox"/> Regular Part-Time | <input type="checkbox"/> 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.
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HUMAN RESOURCES COORD/REVIEW: _____
 SIGNATURE DATE

EXECUTIVE VP & CFO: _____
 SIGNATURE DATE

APPROVED: Yes No