

**Purchase College
State University of New York**

735 Anderson Hill Road
Purchase, New York 10577-1400

LEAVE DONATION FORM

Name of Donor Employee

Negotiating Unit

Donor Employee's Title

Donor Employee's Work Unit/Location

Donor's Payroll Line Number

(914) 251 _____
Donor's Work Telephone Number

Number of Vacation Days Donated: _____

Print Name of Recipient Employee

Negotiating Unit

I hereby authorize the Human Resources/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 a balance of ten days of vacation as of the date this donation is submitted.

Signature of Donor Employee

Today's Date