

Plattsburgh

HUMAN RESOURCE Services

**912 Kehoe Building**

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Plattsburgh, NY 12901-2681

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STATE UNIVERSITY OF NEW YORK

### CONFIDENTIAL RECORD

## LEAVE DONATION FORM

DONOR–Person Willing to Donate

|  |  |
| --- | --- |
| Name | Work Phone Number |
| Department | |

RECIPIENT–Person to Receive Donation

|  |
| --- |
| Name |

DONATION– Number of Vacation Days Donated

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| --- |
|  |

#### Authorization

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 | Date |

Personnel Services Division – NYS Department of Civil Service