Plattsburgh

HUMAN RESOURCE Services

**912 Kehoe Building**

101 Broad Street

Plattsburgh, NY 12901-2681

PH: (518) 564-5062

FAX: (518) 564-5060

www.plattsburgh.edu

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

|  |
| --- |
|       |

#### 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