

## Faculty Donation of Paid Leave Benefits

Name \_\_\_\_\_ ID# \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Department \_\_\_\_\_

I, \_\_\_\_\_ request a transfer of the days indicated below to  
(Faculty donor name)

\_\_\_\_\_  
(Faculty recipient name)

My decision to donate is voluntary and irrevocable.

I donate \_\_\_\_\_ (number of personal days)

\_\_\_\_\_ (number of vacation days)

\_\_\_\_\_ (number of sick days)

Signature \_\_\_\_\_

**Send this completed form to the Payroll Department for processing.**

- Donated vacation and personal days entitle the recipient to one day of pay continuation for each donated day.
- The first 20 sick days donated entitle the recipient to one day of pay continuation for each donated day; each donated sick day beyond 20 entitles the recipient to ½ day continuation of pay.
- Personal days will be used before sick and vacation days.
- Donated vacation and sick days will be allocated to the recipient in the order in which they were received.
- If the recipient does not require all of the donated days, they will be returned to the donating faculty members.