Buffalo State
Human Resource Management

Leave Donation Form

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| DONOR INFORMATION |

|  |  |
| --- | --- |
| Name: |       |
| Budget Title: |       |
| Negotiating Unit: |  | Last 4 digits of Social Security Number: |      |
| Work Phone Number: |       |
| Work Unit/Location: |       |

|  |  |
| --- | --- |
| Number of **Vacation** Days Donated: |    |

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| --- |
| RECIPIENT INFORMATION |

|  |  |
| --- | --- |
| Name: |       |
| Work Unit/Location: |       |

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| AUTHORIZATION |

I hereby authorize the Human Resource Management/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 10 (ten) days of vacation as of the date this donation is submitted.

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| --- | --- | --- |
|       |  |       |
| Date |  | Signature of Donor |

**Return form to:**Professional Staff (UUP, M/C): Human Resource Management (Benefits), CLEV 410
Classified Staff (CSEA, PEF, PBANYS,NYSCOPBA): Payroll Office, CLEV 408

### Human Resource Management / Payroll Office

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| [ ]  Approved | Date Deducted from Vacation Accrual Balance       |
| [ ]  Disapproved |  |

HRM-8/2021