Buffalo State  
Human Resource Management

Leave Donation Form

|  |
| --- |
| 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: |  |

|  |
| --- |
| RECIPIENT INFORMATION |

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

|  |
| --- |
| 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.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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

|  |  |
| --- | --- |
| Approved | Date Deducted from Vacation Accrual Balance |
| Disapproved |  |

HRM-8/2021