

Donated Leave Program  
DONOR TRANSFER CERTIFICATION  
Participation Limited to Open Enrollment



_____ Name of Donor (Print)	_____ ESS ID #	_____ FTE (1.0, .75, .50)
_____ Department and P.O. Box	_____ GroupWise Email	_____ Phone #

I wish to donate \_\_\_\_\_ hours of sick leave (8 hour minimum and 40 hour maximum) to be used as part of the Donated Leave Program. This is a one time donation made during the open enrollment period to be effective for January 1, 2010 through December 31, 2010.

An employee who donates leave must retain a combined total of 40 hours of leave in his/her own annual and sick leave accounts (pro-rated for part-time employees). For example, if you are a half-time employee (.50 for staff or .38 for faculty), a combined total of 20 hours annual or sick leave must be retained.

I agree that my donation is strictly voluntary. I agree that the transfer hours have already been accrued. I agree that after my leave donation has been charged against my balance, it is irrevocable and cannot be withdrawn.

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date

**FOR USE BY THE DONATED LEAVE CERTIFICATION COMMITTEE**

\_\_\_\_\_ Transfer approved                      \_\_\_\_\_ Transfer not approved

This is to advise you that your request to donate sick leave time cannot be accepted due to the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Date

HMD 10/27/09