

# **LEAVE DONATION FORM**

**Print this form, fill out, sign and submit to your Personnel Department**

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## **DONOR INFORMATION**

<b>Name:</b>	<b>Title:</b>	<b>Salary Grade:</b>

<b>Negotiating Unit:</b>	<b>Payroll Item Number:</b>	<b>Social Security Number:</b>	<b>Work Phone Number:</b>

<b>Work Unit/Location:</b>

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## **RECIPIENT INFORMATION**

<b>Name:</b>  <b>Hyatt Swann</b>	<b>Work Unit/Location:</b>  State Health Science Center Brooklyn 151 E 34 <sup>th</sup> Street Brooklyn, NY 11203-2701
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## **NUMBER OF VACATION DAYS DONATED**

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**AUTHORIZATION:** I hereby authorize the Personnel/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.

<b>Date:</b>	<b>Signature of Donor:</b>

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