



Leave Donation Form

Employee Name _____

Last 4 digits of SSN ***_**_ _____

Job Title _____

Department _____

Work Phone _____

Email _____

Home Address _____

Home Phone _____

I voluntarily and without coercion of any kind donate the following days (must be made in full-hour increments) to the Marywood University Leave Donation Bank for appropriate use by another Marywood University employee as defined in the Leave Donation Policy:

_____	Vacation Days
_____	Personal Days
_____	Sick Days

I understand that I can donate up to 70 hours or the value of two weeks leave time per fiscal year. I must have at least 5 days remaining in my Vacation, Personal and Sick day allotment after this donation. I agree to accept the decision of the administration with regard to the disbursement of these donated days. I understand that I cannot reclaim these donated days, nor can I claim them as a charitable contribution. There are no tax implications for making this donation. Donations are kept anonymous.

Signature _____ Date _____

For Human Resources Use:

Date of Hire _____

Allotment of Vacation, Personal, Sick days at time of donation* _____

Allotment of Vacation, Person, Sick days after donation* _____

Notification sent to employee _____ Date _____ Initials _____

*These days are based on Human Resource Records at time of request. This would not include any days not yet submitted to Human Resources.