



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.