

## EMPLOYEE TO EMPLOYEE LEAVE DONATION

RECIPIENT OF DONATED LEAVE: \_\_\_\_\_

LEAVE DONATED BY: \_\_\_\_\_

Please transfer the following sick leave hours noted below to the above-designated employee.

\_\_\_\_\_ hours of sick leave

- I acknowledge that this donation is not refundable.
- I understand that if I donate my *sick* leave, my unused sick leave balance upon retirement will be affected by this donation.
- I understand that my leave balance after this donation is as follows:

\_\_\_\_\_ hours of sick leave

Once you've completed and saved this form, please email your document to: [hr@smcm.edu](mailto:hr@smcm.edu)

\_\_\_\_\_  
Donor's Signature Date

\_\_\_\_\_ (if available)  
\_\_\_\_\_  
Recipient's Signature Date

### **FOR OFFICE USE ONLY:**

Approved by: \_\_\_\_\_  
Associate Director of Payroll & Benefits Date

Verified by: \_\_\_\_\_  
Payroll & Benefits Senior Administrator Date

Processed by: \_\_\_\_\_  
Name Date