

GLENVILLE STATE COLLEGE CATASTROPHIC LEAVE DONOR APPLICATION

Donor's
Name: _____

Department: _____
Work Phone Number: _____

As an active participant in the employee's leave program, I wish to donate:

_____ **Sick Leave Day(s)**

_____ **Annual Leave Day(s)**

Name of specific eligible Recipient: _____

- Sick leave donations may only be used through the donor's **last day of active employment**.
- Any leave donated by an employee, but not used by the employee to whom it was donated, shall be returned to the donating employee and reflected in his/her leave balance.
- An employee receiving the transfer of leave shall have any time which is donated credited to such employee's leave record in one-day increments and reflected as a day-for-day addition to the leave balance of the receiving employee. The leave record of the donating employee shall have the donated leave reflected as a day-for-day reduction of the leave balance.

If you will be leaving employment with Glenville State College, please provide your last day of employment _____.

Donor's Signature

Date