



VOLUNTARY LEAVE DONATION PROGRAM



DONOR INFORMATION:

Employee Name: _____ Email Address: _____
 MDID: _____ Campus: _____
 Department: _____ Pay Class: _____

DONATION:

Type of Leave:		Total Hours of Donation:
Sick	Hours	Hours
Vacation	Hours	(This is the combined sick and vacation hours donated and MUST be an increment of 7 or 7.5 hrs., based on payroll calendar)

RECIPIENT INFORMATION:

Name: _____
 Department: _____

NON-DISCLOSURE:

Persons involved in the Voluntary Leave Donation Program are responsible for maintaining the privacy of both the leave recipients and donors and exercising appropriate discretion and judgment. Communications with either group must be kept confidential. No information should be revealed to anyone (including the recipient who wishes to thank donors) who does not have a need to know or to anyone without the written and specific permission of the person whose privacy will be breached. Individuals granted access must be advised of the requirements of this paragraph.

AUTHORIZATION:

- I hereby authorize Human Resources to deduct from my leave balance the above-indicated number of hours, to be used as sick leave by the recipient named above.
- I certify that this donation does not cause my personal leave to drop below a combined balance of 70 hours (10 days) or 75 hours (10 days) hours, based on payroll calendar following this donation.
- I acknowledge that any unused portion of the donated leave:
 - will not be retained by the Recipient,
 - will not be returned to me, and
 - will be transferred to the MDC Sick Leave Pool account.

Donor's Signature

Date

+ Support Non-Exempt; * Professional Exempt Non-Contractual; ** Professional Exempt Contractual

SUBMIT COMPLETED FORM TO THE HUMAN RESOURCE DIVISION

(Retain a copy of this form for your personal record and verify the transfer of leave on the electronic Pay Stub)

For HR use only:	Date Entered: _____	Initials: _____
-------------------------	----------------------------	------------------------