

New York State Education Department
Office of Human Resources Management
 89 Washington Avenue, Room 528 EB
 Albany, NY 12234
 Phone (518) 474-5215
 Fax (518) 486-5631

CONFIDENTIAL**Leave Donation Form**

NAME OF DONOR EMPLOYEE			SOCIAL SECURITY NUMBER
Last Name	First Name	Middle Initial	

DONOR EMPLOYEE'S OFFICE ADDRESS	DONOR EMPLOYEE'S WORK TELEPHONE NUMBER

NUMBER OF VACATION DAYS DONATED

NAME OF THE EMPLOYEE TO WHOM THE LEAVE IS DONATED		
Last Name	First Name	Middle Initial

INSTRUCTIONS: Submit this form to the Director of Human Resources in an envelope marked "CONFIDENTIAL".

Employee on LATS: The Office of Human Resources Management Time and Attendance Unit will deduct the donated days from your accrual balances in LATS. You will receive notification by email.

Employees on paper time cards or time sheets: Deduct the donated days as a charge to your annual leave accruals. Write "LEAVE DONATION" above the accrual balances on the time sheet.

Accruals donated within the agency which are not used will be returned to you by written notice from Human Resources. Accruals donated across agencies will NOT be returned.

I have deducted/will have deducted _____ days from my time sheet for payroll period number _____.

I hereby authorize the Human Resource/Payroll Office to deduct from my vacation balance the number of days indicated above to be used as sick leave by the recipient named above. I certify that the days donated are not days I would otherwise forfeit and that this donation does not cause me to drop below a balance of ten days of vacation as of the date this donation is submitted.

 Signature of Donor

 Date

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