Leave Donation Program
Donor Authorization Form

Donor Information

Donating Employee: _____Banner ID: _____
(Last Name) (First Name) (Middle Initial)

Work Phone: _____ Department: _____ Department Head: _____

Criteria for Donating Leave:

(1) Donating employee must be currently active on Kent State University's payroll.

(2) Must complete **Leave Donor Authorization Form.** Mail this completed form to: Benefits Office, Heer Hall, Kent Campus.

(3) Must have a minimum sick leave balance of 240 hours.

(4) May not donate more than maximum of **80** sick hours (10 days) to a single individual within a calendar year (Jan. 1 through Dec. 31).

(5) In addition, may donate a maximum of **80** vacation hours (10 days) to another employee requesting donated leave during the same time period.

(6) Employees separating may donate a maximum of **80** hours of sick and/or vacation leave while still active on university payroll.

I wish to donate the following HOURS:	
	Accrued **SICK** leave to the leave donation program (*sick hour donations must be made in* ***increments of 4 hours*****).**
	Accrued **VACATION** leave to the leave donation program (vacation *leave donations must be made in* ***increments of 4 hrs.)***

- I understand that my initial donation total cannot be less than 8 hours and future donations must be made in increments of 4 hours (ie. 4, 8, 12, etc.)
- I authorize this donation be transferred to the following employee (**donee)** listed below: (***please PRINT***).
- I am donating these hours on a voluntary basis.
- I understand that these donated hours will be treated as leave hours for the above named employee.
- My donation, once processed and transferred, is irrevocable.

_____
(Donor Authorized Signature) (Date)

Donee Information

_____
(Donee Last Name) (Donee First Name) (Middle Initial)

Submit original signed and completed form to the Benefits Office, Heer Hall. Please contact the Benefits Office for questions at 330-672-3107.

For Benefits/HR/Payroll Use ONLY

Donor Sick Leave Balance		**Verified**			
Donor Vacation Leave Balance		**Verified**			
Donee Name	**Banner Id**	**E-Class**	**Pay Period**	**Sick Hours**	**Vacation Hours**