



**Donated Leave Program
Donor Transfer Form**

I hereby request that the Office of Payroll transfer my earned leave time to the employee indicated below. The maximum total donation is a combined total of 30 (thirty) days of sick and/or vacation time per recipient. This donation will not reduce my earned leave balances below program guideline of 20 sick days or 12 vacation days.

Name of Employee Making Donation: _____

Banner ID of Employee Making Donation: _____

Name of Recipient Employee: _____

Number of Sick Days I wish to Donate: _____

Number of Vacation Days I wish to Donate: _____

I certify that I have not and will not solicit or accept anything of value in exchange for the donation of paid leave time.

Donor's Signature

Date

Department

Phone Extension

Please upload the completed, signed and dated form to WPCConnect

Payroll Department Use Only:

Reviewed in Payroll Office by: _____

The request to transfer the above sick and/or vacation time has been approved.

The request to transfer the above sick and/or vacation time cannot be accepted because of the following:

Donor has not received the required minimum number of donated days (5) within the time limit specified.

Your remaining earned sick leave balance after the donation fails to meet minimum program requirements.

Your remaining earned vacation leave balance after the donation fails to meet minimum program requirements.

Payroll Office Approval

Date