

# MISSISSIPPI UNIVERSITY FOR WOMEN

## Leave Donation Form

PLEASE TYPE OR PRINT

**Donor Information**

Donor Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Recipient Information**

Recipient Employee: \_\_\_\_\_

Department: \_\_\_\_\_

**Type of Leave Donated**

1. Personal      Number of Hrs: \_\_\_\_\_

2. Medical      Number of Hrs: \_\_\_\_\_

(When donating personal leave, the new balance must be at least 7 days. The maximum amount of earned major medical leave that an employee may donate to any other employee may not exceed fifty percent (50%) of the earned major medical leave of the donor employee. Leave may only be donated in increments of 24 hours.)

**Certification by Donor Employee**

*I hereby confirm that after making this donation, my personal or medical leave balance will meet the above requirement. I also understand that I am relinquishing my rights to any future benefits of the donated leave.*

\_\_\_\_\_

Signature

Date

**Donor Employee's Unit Head Authorization**

\_\_\_\_\_

Unit Head Signature

Date

**Certification/Approval by Human Resources Department**

Hrs of Personal Leave Donated \_\_\_\_\_ New Personal Leave Balance \_\_\_\_\_

Hrs of Medical Leave Donated \_\_\_\_\_ New Medical Leave Balance \_\_\_\_\_

\_\_\_\_\_

Director of Human Resources

Date