

MISSISSIPPI UNIVERSITY FOR WOMEN
Leave Donation Form for Faculty

PLEASE TYPE OR PRINT

Donor Information

Donor Employee: _____

Department: _____

Campus Mailing Address: _____ Phone: _____

Recipient Information

Recipient Employee: _____

Department: _____

Major Medical Leave Donated

Number of Hrs: _____

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 major 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 Medical Leave Donated _____ New Medical Leave Balance _____

Director of Human Resources Date