

MISSISSIPPI UNIVERSITY FOR WOMEN
Leave Donation Form

PLEASE TYPE OR PRINT

Donor Information

Donor Employee: _____

Social Security Number: _____ Department: _____

Home Mailing Address: _____ Phone: _____

Recipient Information

Recipient Employee: _____

Social Security Number: _____ 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