

MISSISSIPPI UNIVERSITY FOR WOMEN
Leave Donation Form (to 12 Month Employee)

PLEASE TYPE OR PRINT

Donor Information

Donor Employee:

Phone:

Department:

Campus Mail:

Recipient Information

Recipient Employee:

Department:

Type of Leave Donated

Personal Number of Hours:

Medical Number of Hours:

When donating personal leave, the new balance must be at least seven (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.

Employee Signature:

Date:

Donor Employee's Unit Head Authorization

Unit Head Signature:

Date:

Return Completed form to Human Resources

Email: hrinfo@muw.edu or Campus Mail: W-1609

Certification/Approval by Human Resources Department

Hrs of Personal Leave Donated

New Personal Leave Balance

Hrs of Medical Leave Donated

New Medical Leave Balance

Human Resources Director:

Date: