



# Stony Brook Medicine

## *University Hospital Finance Timekeeping Department*

Please fax this form to Timekeeping 444-5822 or email to  
Time\_Keeping@stonybrookmedicine.edu

### **LEAVE DONATION FORM**

**Who are you donating to?**

Lyndsay Vollmer

Donation Recipient Name

Total Days Donating

**Your Information:**

Name of Donor (Please Print)

Title of Donor Employee

Donor Emp Id Number: \_\_\_\_\_

Donor Union: \_\_\_\_\_

Donor Line Number: \_\_\_\_\_

Donor Employee Work Phone: \_\_\_\_\_

I HEREBY AUTHORIZE THE TIMEKEEPING DEPARTMENT TO DEDUCT FROM MY **VACATION** BALANCE THE NUMBER OF DAYS INDICATED ABOVE TO BE USED AS SICK LEAVE BY THE RECIPIENT ABOVE. I CERTIFY THAT THE DAYS DONATED ARE NOT DAYS I WOULD HAVE OTHERWISE FORFEITED AND THAT THIS DOCUMENTATION DOES NOT CAUSE ME TO DROP BELOW A BALANCE OF TEN (10) DAYS OF VACATION AS OF THE DATE THIS DOCUMENTATION IS SUBMITTED.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Donor Employee

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**Timekeeping Department use only:**

Verification of days    Yes \_\_\_    No \_\_\_

\_\_\_\_\_  
Timekeeper Signature

\_\_\_\_\_  
Date

**\*D166\***