



Stony Brook Medicine

LEAVE DONATION PROGRAM
PROFESSIONAL EMPLOYEE RECIPIENT APPLICATION

Employee Name: _____

Department _____

Title: _____

Employee Identification number: _____

I wish to participate in the Leave Donation Program. I am absent due to a non-occupational personal illness or disability for which medical documentation was and will be provided on a monthly basis. I have exhausted all leave benefits as provided in Sections 23.2, 23.4 and 23.5 of the 2003-2007 Agreement between the State and UUP. I expect to be absent for at least two biweekly payroll periods following the exhaustion of such leave benefits. I have not had any disciplinary actions or unsatisfactory performance evaluations within the last three years of State employment.

I understand that while I am using donated leave credits I will be considered to be in leave without pay status for attendance and leave purposes. Therefore, I will not earn leave accruals or observe holidays.

_____ I wish to use donated credits in full day units prior to attaining eligibility to receive benefits under the University's Disability Insurance Program.

_____ I wish to use donated credits in half day units prior to attaining eligibility to receive benefits under the University's Disability Insurance Program.

_____ Donated credits must be used in full day units after attaining eligibility, but prior to the receipt of benefits under the University's Disability Insurance Program. Donated credits can no longer be used once an eligible employee begins receiving disability benefits.

Recipient's Signature

Date

Please fax or email the completed form to :

Fax: (631)759-9203

Email: SBHHR@stonybrookmedicine.edu