



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?

_____ Denise Frigand _____

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

Timekeeping Department use only:

Verification of days Yes ___ No ___

_____ Timekeeper Signature

_____ Date

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