



# 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?**

Yolette Emmanuel

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

\*D166\*