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?

___Loretta Cook_____ _____

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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