



Stony Brook University

*Human Resource Services
Time & Attendance/Leaves*

LEAVE DONATION PROGRAM – DONOR

Employee Name: _____

Title: _____

Stony Brook Employee ID #: _____

Line Number: _____

Salary Grade: _____

Department: _____

Work Telephone Number: _____

RECIPIENT

Information about the person to receive the donation

Victoria Latourrette	NICU
Name	Department

DONATION

Number of Vacation Days Donated

AUTHORIZATION:

I hereby authorize Human Resource Services – Time & Attendance to deduct from my vacation balance the number of days, as indicated above, to be used as sick leave by the recipient named above. I certify that the days donated are not days I would otherwise forfeit and that this donation does not cause me to drop below a balance of ten days of vacation as of the date this donation is submitted.

Donor's Signature

Date

STONY BROOK, NEW YORK 11794-0751 Tel: 631-632-6181 FAX: 631-632-4989