

**University of Cincinnati
Leave Donation Program
Donor Application**

Donor: Please complete Sections I and II. Forward completed for to Human Resources/Benefits Department/Mail Location 0596. Retain a copy for your records. Please note, only vacation time is eligible for donation. You will be notified when your donated vacation time is approved.

Section I – Donor Information – Please print		
Employee (Donor) Name:	M#	
Department Name:	Mail Location:	
Leave Balances as of the end of the last pay period:		
Combined Sick:	Vacation:	Comp Time:
Donation Information		
Insert number of hours to be donated (min.1 hour/max 40 hours):		
Insert recipient's name:		
Current calendar year donated time:		
Section II – Donor Certification – Please read and sign below.		
<p>I hereby request to receive Leave Donation under the University of Cincinnati Leave Donation Program. I hereby certify that:</p> <p>This donation is made voluntarily. I was not coerced, intimidated or financially induced into donating vacation hours. By signing below, I hereby relinquish all rights to the donated vacation time shown above and the benefits accruing or attached to the same. I further certify that my donated vacation hour(s) is/are irrevocable and irreversible and no vacation time will be returned to me. I have not received any portion of the donation or any other compensation in exchange for the donated vacation time.</p> <p>I certify that I will have a remaining balance of 240 hours of combined leave time (including sick time, vacation, and compensatory time) after making this donation.</p>		
Donor's signature – please sign and date below.		
		Date
Section III – Benefit/Payroll Department Use Only		
Hours donated during current calendar year prior to this request:		
Hours donated for this request (min. 1/max 40):		
Leave balance after donation (cannot be less than 240 hours):	___sick ___vacation ___comp time	
Leave time donated to (insert name and M#):		
Donation approval/denial	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Approved by/date:		
Quoted Balance Adjusted in SAP (by Payroll)	Balance as of (date)_____ / (hours)_____	
Quoted Balance Adjust by (insert initials/date)		

After Section III is completed – forward copy to employee making donation.

8/5/2009