

Fill and Print

SAINT FRANCIS UNIVERSITY PARENTAL LEAVE DONATION FORM

Employee Name: _____

Employee Last 4 digits SS#: _____ Department: _____

Type/Number of earned time donated by employee:

Vacation _____ (My current balance is _____ vacation hours/days.)

Sick _____ (My current balance is _____ sick hours/days.)

Total _____ (Donation may not exceed one week (5 days) of leave in a calendar year.)

This donation will be reflected on your online employee time off accrual.

I acknowledge that this is a voluntary donation.

Date (mm/dd/yyyy)

Employee Signature

HUMAN RESOURCE OFFICE USE ONLY

Donation request received in HR Office on _____.

_____ days/hours of vacation leave were deducted from the donor's quota on _____

_____ days/hours of sick leave were deducted from the donor's quota on _____

Employee is not eligible to donate leave. **Reason:** _____

Date

Director of Human Resources