

**SAINT FRANCIS UNIVERSITY  
COMPASSIONATE 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 or days.)

Sick \_\_\_\_\_ (My current balance is \_\_\_\_\_ sick hours or days.)

Total \_\_\_\_\_ (Donation may not exceed one week of leave /calendar year.)

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

*I acknowledge that this is a voluntary donation.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

***HUMAN RESOURCE OFFICE USE ONLY***

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Donation request received in HR Office on \_\_\_\_\_.

\_\_\_\_\_ days of vacation leave were deducted from the donor's quota on \_\_\_\_\_

\_\_\_\_\_ days of sick leave were deducted from the donor's quota on \_\_\_\_\_

Employee is not eligible to donate leave. **Reason:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Human Resources