



Compassionate Leave Donation – Donor Form

Donating Employee: Complete the following section and give to your Supervisor for review.

Name of Donor Employee	Donor Employee Department/Dept address	
Donor Employment Status (OS, PAT, EE, AA, non-AAUP fiscal year Faculty)	Donor Employee SS# / ID#	Donor Telephone Number
Name of Employee to <u>receive</u> compassionate donation	Receiver's Department	

Please transfer my leave in the amount(s) indicated below, to be used as compassionate donation.

For OS Earned Time _____ hours Current Earned Time balance _____ hours
For Exempt Annual leave _____ days Current Annual Leave balance _____ days
 (PAT, EE, AA, Non-bargaining unit FY faculty)

Time must be donated in minimum increment of 4 hours/.5 days. A maximum of 12 days per fiscal year may be donated. The donating employee must have a minimum leave balance of one week (e.g., 40 hours/5 days) after donating leave. Be sure to deduct donated time from leave balance upon receipt of a copy of this form from Human Resources.

I voluntarily donate paid leave, in the amount specified, to the employee designated above. I understand that my leave balance will be decreased by the amount contributed, and that any Compassionate Donation not used by the receiving employee will be restored to me. I have read a copy of UNH Compassionate Donation Procedure.

Signature of Donating Employee

Date

Supervisor of Donating Employee: Please verify below that the donating employee's leave balance cited above is accurate. (Donating employee must retain a minimum balance of one week to be eligible to donate). Submit signed form to Human Resources.

Department	Dept Address	
Supervisor's Signature	Telephone	
Supervisor's Name (Please Print)	Date	
For Use by Human Resources: <input type="checkbox"/> A1 <input type="checkbox"/> B1 <input type="checkbox"/> E1 <input type="checkbox"/> F2 <input type="checkbox"/> F4 <input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> L2 <input type="checkbox"/> L4 <input type="checkbox"/> P1 % Time: _____ DOH: _____		
Donation <input type="checkbox"/> Approved <input type="checkbox"/> Not approved		
_____ Signature		_____ Date
cc: employee, supervisor		