Leave Donation Program Guidelines

The intent of this program is to provide a means to assist employees who, because of long-term personal illness, have exhausted their leave benefits and would otherwise be subject to a severe loss of income during a continuing absence from work.

Eligibility to Donate

In order to donate vacation credits, an employee must meet all the following eligibility criteria:

- Must be employed in the same agency or department as the employee to whom donations are made, though not necessarily at the same facility or location, OR be a family member of an eligible recipient employed in a different agency than the donor.
- Must have a minimum vacation balance of at least 10 days after making the donation.

Donations must be made in full day (7.5 or 8-hour) units.

Agency management may not disclose the identity of donors. Employees may not donate vacation credits that would otherwise have been forfeited. Note: donated leave is taken from the donor's balance at the time it is needed by the recipient, not necessarily at the time of the donation.

Eligibility to Receive Donated Leave

In order to receive donated leave credits, an employee must meet the following eligibility criteria:

- Must be employee in a union affiliated or M/C designated position.
- Be subject to the Attendance Rules or otherwise eligible to earn leave credits (UUP employees must be a calendar year or college year employee eligible to accrue vacation leave credits).
- Be absent due to a non-occupational personal injury or disability for which medical documentation satisfactory to management is submitted.
- Have exhausted all leave credits.
- Be expected to continue to be absent for at least two biweekly payroll periods following exhaustion of leave credits or sick leave at half-pay.
- Must not have had any disciplinary actions or unsatisfactory performance evaluations within the last three years.
- Be employed in the same department or agency as the donor.

Additional information relating to employees in a particular negotiating unit may be available in the unit's collective bargaining agreement.

CONFIDENTIAL RECORD

Leave Donation Authorization Form

Donor Information

Information About Donor

Name	Title		Salary Grade
Negotiating Unit	Payroll Item #	Social Security Number	Work Phone Number
Work Unit/Location			

Recipient Information

Information About Person to Receive Donation

Name	Work Unit/Location

DONATION INFORMATION

Number of Vacation Days Donated ☐

Authorization

I hereby authorize the Personnel/Payroll Office to deduct from my vacation balance the number of days 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 the balance of ten days of vacation as of the date this donation is submitted.

Date	Signature of Donor

Personnel Services Division
NYS Department of Civil Service
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